

SCC eFile

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211533206

1.) CORPORATION NAME:

**Irving Equipment Inc.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1777038**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 UNION STREET  
P.O. BOX 5777

CITY/ST/ZIP: SAINT JOHN, FN 99999-9999CA

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES D. IRVING  OFFICER  DIRECTOR  
 TITLE: PRESIDENT/CEO  
 ADDRESS: 300 UNION STREET  
 CITY/ST/ZIP/CO: Saint John, NB E2L 4M3, CA

NAME: W D JAMIESON  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 300 UNION STEET  
 CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA

NAME: WILLIAM J. DEVER  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 300 UNION STREET  
 CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA

NAME: BRUCE A. DROST  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 300 UNION STREET  
 CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA

NAME: M ROSS LANGLEY  OFFICER  DIRECTOR  
 TITLE: ASST SECRETARY  
 ADDRESS: 300 UNION ST  
 CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA

NAME: W C MACLEAN  OFFICER  DIRECTOR  
 TITLE: TREASURER  
 ADDRESS: 300 UNION STREET  
 CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA

NAME: JAMES K IRVING TITLE: PRESIDENT ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: IRVING AMERICA, INC. TITLE: DIRECTOR ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , NB E2L 4M3, CA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT K. IRVING TITLE: VICE PRESIDENT ADDRESS: 100 MIDLAND DRIVE CITY/ST/ZIP/CO: DIEPPE, NB E1A 6X4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ BRUCE A. DROST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRUCE A. DROST, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/9/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		