

1.) CORPORATION NAME:

Irving Equipment Inc.

DUE DATE: **12/31/2012**

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 NB E2L 4M3

CITY/ST/ZIP: SAINT JOHN, Canada

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES D. IRVING	
TITLE:	CO-PRESIDENT	
ADDRESS:	300 UNION STREET	
CITY/ST/ZIP/CO:	SAINTE JOHN, NB E2L 4M3, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES K. IRVING	
TITLE:	PRESIDENT	
ADDRESS:	300 UNION STREET	
CITY/ST/ZIP/CO:	SAINTE JOHN, NB E2L 4M3, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT K. IRVING	
TITLE:	CO-PRESIDENT	
ADDRESS:	100 MIDLAND DRIVE	
CITY/ST/ZIP/CO:	DIEPPE, NB E1A 6X4, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM C. MACLEAN	
TITLE:	TREASURER	
ADDRESS:	300 UNION STREET	
CITY/ST/ZIP/CO:	SAINTE JOHN, NB E2L 4M3, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM J. DEVER	
TITLE:	ASST SECRETARY	
ADDRESS:	300 UNION STREET	
CITY/ST/ZIP/CO:	SAINTE JOHN, NB E2L 4M3, CA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRUCE A. DROST	
TITLE:	ASST SECRETARY	
ADDRESS:	300 UNION STREET	
CITY/ST/ZIP/CO:	SAINTE JOHN, NB E2L 4M3, CA	

NAME: M. ROSS LANGLEY TITLE: SECRETARY 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: SAINT JOHN, NB E2L 4M3, CA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT K. IRVING TITLE: CO-CEO ADDRESS: 100 MIDLAND DRIVE CITY/ST/ZIP/CO: DIEPPE, NB E1A 6X4, CA	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES D. IRVING TITLE: CO-CEO ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: SAINT JOHN, NB E2L 4M3, 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
10/31/2012 _____ 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.	