

1.) CORPORATION NAME:

Irving Equipment Inc.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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, 12TH FLOOR
P.O. BOX 5777 NEW BRUNSWICK 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.

NAME: JAMES D. IRVING TITLE: CO-PRESIDENT ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT K. IRVING TITLE: CO-PRESIDENT ADDRESS: 100 MIDLAND DRIVE CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM C. MACLEAN TITLE: TREASURER ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM J. DEVER TITLE: ASST SECRETARY ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRUCE A. DROST TITLE: ASST SECRETARY ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES K. IRVING TITLE: CHAIRMAN ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ROBERT K. IRVING TITLE: CO-CEO ADDRESS: 100 MIDLAND DRIVE CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES D. IRVING TITLE: CO-CEO ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: M. ROSS LANGLEY TITLE: SECRETARY ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: IRVING AMERICA, INC. TITLE: DIRECTOR ADDRESS: 300 UNION STREET CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER <input checked="" 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
11/13/2014 _____ 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.	