

1.) CORPORATION NAME:

**LIVINGSTON INTERNATIONAL, INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
1111 E MAIN ST 16TH FL**

SCC ID NO: **F1880196**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 670 YOUNG STREET

CITY/ST/ZIP: TONAWANDA, NY 41213-0950

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.

<p>NAME: PETER LUIT TITLE: CEO/PRESIDENT ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROY COBURN TITLE: PRESIDENT, USA ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOE JOSEPH TITLE: VICE PRESIDENT ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD KAY TITLE: VICE PRESIDENT ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER MCMULLEN TITLE: CFO ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PETER LUIT TITLE: SECRETARY ADDRESS: 405 THE WEST MALL, SUITE 400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, CA</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	ERIC BECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 S. EXETER STREET, SUITE 1000		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		

NAME:	KEVIN MCALLISTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 S. EXETER STREET, SUITE 1000		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		

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/ CHRISTOPHER MCMULLEN	CHRISTOPHER MCMULLEN, CFO	11/20/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.