

1.) CORPORATION NAME:

**LIVINGSTON INTERNATIONAL, INC.**

DUE DATE: **11/30/2013**

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**

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: 150 PIERCE ROAD  
SUITE 500

CITY/ST/ZIP: ITASCA, IL 60143-1222

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:	ROY COBURN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, USA		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO, ON, M9C 5, CANADA , , FN		

NAME:	JOE JOSEPH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO, ON, M9C 5, CANADA , , FN		

NAME:	RICHARD KAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO, ON, M9C 5, CANADA , , FN		

NAME:	CHRISTOPHER MCMULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	405 THE WEST MALL, SUITE 400		
CITY/ST/ZIP/CO:	TORONTO, ON, M9C 5, CANADA , , FN		

NAME:	STEVEN PRESTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	150 PIERCE ROAD SUITE 500		
CITY/ST/ZIP/CO:	ITASCA, IL 60143-1222		

NAME: TODD MILLER TITLE: DIRECTOR ADDRESS: 401 N. MICHIGAN AVE., SUITE 3300 CITY/ST/ZIP/CO: CHICAGO, IL 60611	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN CLANCEY TITLE: DIRECTOR ADDRESS: 4201 CONGRESS STREET CITY/ST/ZIP/CO: SUITE 120 CHARLOTTE, NC 28209	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN HENDERSON TITLE: VICE PRESIDENT ADDRESS: 45025 AVIATION DRIVE CITY/ST/ZIP/CO: SUITE 200 DULLES, VA 20166-7554	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT ANDRU TITLE: VICE PRESIDENT ADDRESS: 405 THE WEST MALL, #400 CITY/ST/ZIP/CO: TORONTO, ON M9C 5K7, 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/ CHRISTOPHER MCMULLEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER MCMULLEN, CFO PRINTED NAME AND CORPORATE TITLE	10/1/2013 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.		