

1.) CORPORATION NAME:

**Stuart C. Irby Company**

DUE DATE: **9/23/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1915919**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MS**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 815 SOUTH PRESIDENT ST

CITY/ST/ZIP: JACKSON, MS 39201

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:           | MICHAEL WIGTON         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT              |   |                                   |
| ADDRESS:        | 815 SOUTH PRESIDENT ST |   |                                   |
| CITY/ST/ZIP/CO: | JACKSON, MS 39201      |   |                                   |

|                 |  |   |                                   |
|-----------------|--|---|-----------------------------------|
| NAME:           | PAUL TRUDEL                                | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY                                  |   |                                   |
| ADDRESS:        | 1-PLACE-VILLE-MARIE, #1840                 |   |                                   |
| CITY/ST/ZIP/CO: | MONTREAL(QUEBEC), CANADA H3B 4A9<br>, , FN |   |                                   |

|                 |                                   |   |                                   |
|-----------------|-----------------------------------|---|-----------------------------------|
| NAME:           | KATHY RUSKO                       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                         |   |                                   |
| ADDRESS:        | 510 WALNUT ST                     |   |                                   |
| CITY/ST/ZIP/CO: | STE 400<br>PHILADELPHIA, PA 19106 |   |                                   |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | JOHN HONIGFORT         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | CFO                    |   |                                   |
| ADDRESS:        | 815 SOUTH PRESIDENT ST |   |                                   |
| CITY/ST/ZIP/CO: | JACKSON, MS 39201      |   |                                   |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | ANDY WARING            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | COO                    |   |                                   |
| ADDRESS:        | 815 SOUTH PRESIDENT ST |   |                                   |
| CITY/ST/ZIP/CO: | JACKSON, MS 39201      |   |                                   |

|                 |                          |                                  |  |
|-----------------|--------------------------|----------------------------------|--|
| NAME:           | David G. Gabriel         | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                 |                                  |  |
| ADDRESS:        | 1460 Tobias Gadson Blvd. |                                  |  |
| CITY/ST/ZIP/CO: | Charleston, SC 29407     |                                  |  |

|                 |                                |                                  |  |
|-----------------|--------------------------------|----------------------------------|--|
| NAME:           | Paul Trudel                    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |                                  |  |
| ADDRESS:        | 1-Place-Ville-Marie, #1840     |                                  |  |
| CITY/ST/ZIP/CO: | Montreal (Quebec), H3B 4A9, CA |                                  |  |

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/ PAUL TRUDEL                                     | PAUL TRUDEL, SECRETARY           | 9/23/2013 |
| 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.