

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004659

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: LIVINGSTON INTERNATIONAL, INC.

## Current Principal Place of Business:

405 THE WEST MALL  
SUITE 400  
TORONTO ONT M9C 5K7 CANADA, ON M9C 5K7 CA

## New Principal Place of Business:

## Current Mailing Address:

405 THE WEST MALL  
SUITE 400  
TORONTO ONT M9C 5K7 CANADA, ON M9C 5K7 CA

## New Mailing Address:

FEI Number: 52-1491147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHR ( ) Delete  
Name: RESTLER, PETER  
Address: 36 PIERREPONT STREET  
City-St-Zip: BROOKLYN, NY 11201 US

Title: CEOP ( ) Delete  
Name: LUIT, PETER  
Address: 30 BROOKFIELD ROAD  
City-St-Zip: TORONTO, ONTARIO M2P 1A9, ON M2P 1A9 CA

Title: VS ( ) Delete  
Name: LEMMON, KATHRINE  
Address: 1 WILDBERRY WAY  
City-St-Zip: CARLISLE, ONTARIO LOR 1H2, ON L0R 1H2 CA

Title: CFO ( ) Delete  
Name: MCMULLEN, CHRISTOPHER  
Address: 3 GLENDARLING ROAD  
City-St-Zip: ETOBICOKE, ONTARIO M9A 4G3, ON M9A 4G3 CA

Title: D ( ) Delete  
Name: RESTLER, PETER  
Address: 36 PIERREPONT ST.  
City-St-Zip: BROOKLYN, NY 11201 US

Title: D (X) Delete  
Name: CELMER, MAUREEN SENIOR  
Address: 9658 CARMELO COURT  
City-St-Zip: CLARENCE CENTER, NY 14032 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRINE LEMMON

VS

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date