2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005488

Entity Name: ARIVA DISTRIBUTION INC.

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50 RIVERCENTRE BLVD.,

SUITE 500

COVINGTON, KY 41011 US

Current Mailing Address: New Mailing Address:

50 RIVERCENTRE BLVD

SUITE 500

COVINGTON, KY 41011 US

FEI Number: 13-5585947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVENUE

TALLAHASSEE, FL 32301 US

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

OFFICERS AND DIRECTORS:

Title: PD

Name: USHPOL, MARK

Address: 50 RIVER CENTER BLVD., SUITE 500

City-St-Zip: COVINGTON, KY 41016 US

Title: VPT

Name: BURON, DANIEL

Address: 395 DE MAISONNEUVE BLVD. WEST City-St-Zip: MONTREAL, QC H3A 1L6 CA

Title: VPD

Name: STROPLE, PETER W

Address: 50 RIVER CENTER BLVD., SUITE 500

City-St-Zip: COVINGTON, KY 41011 US

Title: [

Name: JABLONSKI, ZYGMUNT

Address: 395 DE MAISONNEUVE BLVD. WEST

City-St-Zip: MONTREAL, QC H3A 1L6 CA

Title: VPC

 Name:
 MICK, GEORGE G

 Address:
 1705 SUCKLE HIGHWAY

 City-St-Zip:
 PENNSAUKEN, NJ 08110 US

Title: S

Name: THEODORU, RAZVAN L

Address: 395 DE MAISONNEUVE BLVD. WEST City-St-Zip: MONTREAL, QC H3A 1L6 CA

I hereby 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 all other like empowered.

SIGNATURE: RAZVAN L. THEODORU S 04/10/2012