

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 LOR 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
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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