

1.) CORPORATION NAME:

Steven Schaefer Associates, Inc.

DUE DATE: **2/28/2011**

SCC ID NO: **05338017**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS, INC.

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	500
COMBNV	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10411 MEDALLION DR
STE 121

CITY/ST/ZIP: CINCINNATI, OH 45241-

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:	JAMES R MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4279 MARCREST DR		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45211-		
NAME:	EDWARD W SCHWIETER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5460 LONGLAKE DR		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45247-		
NAME:	WILLIAM C MOSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2934 STRUBLE ROAD		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45251-		
NAME:	STEVEN E SCHAEFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	8549 WUEST RD		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45251-		
NAME:	GREG RILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5882 HOMECREST LN		
CITY/ST/ZIP/CO:	MASON, OH 45040-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R ASHBAUGH ASST. VICE-PRES 8252 CAMARGO RD CINCINNATI, OH 45243-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A CIPRIAN ASST. VICE-PRES 7105 AIRYVIEW DR LIBERTY TWP, OH 45044-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWN M DALEY DIRECTOR 3235 RIDGETOP WAY EDGEWOOD, KY 41017-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B GRAHAM DIRECTOR 3453 MANOR HILL DR CINCINNATI, OH 41017-	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ JAMES R MILLER</u>	<u>JAMES R MILLER, PRESIDENT</u>	<u>1/27/2011</u>
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.