

1.) CORPORATION NAME:

Steven Schaefer Associates, Inc.

DUE DATE: **2/29/2012**

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:	JOHN R ASHBAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8252 CAMARGO RD		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45243-		
NAME:	MICHAEL A CIPRIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7105 AIRYVIEW DR		
CITY/ST/ZIP/CO:	LIBERTY TWP, OH 45044-		
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: WILLIAM C MOSTER TITLE: PRESIDENT ADDRESS: 2934 STRUBLE ROAD CITY/ST/ZIP/CO: CINCINNATI, OH 45251-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: GREGORY J. RILEY TITLE: TREASURER ADDRESS: 5882 HOMECREST LN CITY/ST/ZIP/CO: MASON, OH 45040-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: G. JAY BENZING TITLE: BOARD MEMBER ADDRESS: 316 NEWMAN AVE. CITY/ST/ZIP/CO: FT. THOMAS, KY 40175-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DOUGLAS R. STEIMLE TITLE: BOARD MEMBER ADDRESS: 641 DOEPKE LANE CITY/ST/ZIP/CO: CINCINNATI, OH 45040-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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>1/10/2012</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.