

1.) CORPORATION NAME:

**THE DUPPS COMPANY**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0328502**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10,000
COMB	90,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 548 N. CHERRY ST. P.O. BOX 189

CITY/ST/ZIP: GERMANTOWN, OH 45327-0189

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:	FRANK N DUPPS, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	548 N CHERRY ST. PO BOX 189 GERMANTOWN, OH 45327		
CITY/ST/ZIP/CO:			
NAME:	FRANK N. DUPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	548 N. CHERRY ST. P.O. BOX 189 GERMANTOWN, OH 45327-0189		
CITY/ST/ZIP/CO:			
NAME:	DAVID M. DUPPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	548 N. CHERRY ST. P.O. BOX 189 GERMANTOWN, OH 45327-0189		
CITY/ST/ZIP/CO:			
NAME:	MERLE WILBERDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	548 N CHERRY ST. PO BOX 189 GERMANTOWN, OH 45327		
CITY/ST/ZIP/CO:			
NAME:	TIMOTHY F WOODARD, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	548 N CHERRY ST. PO BOX 189 GERMANTOWN, OH 45327		
CITY/ST/ZIP/CO:			
NAME:	JOHN A. DUPPS, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	548 N. CHERRY ST. P.O. BOX 189 GERMANTOWN, OH 45327-0189		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK MOORE DIRECTOR 548 N. CHERRY ST. P.O. BOX 189 GERMANTOWN, OH 45327-0189	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS TERHAR DIRECTOR 548 N CHERRY ST. PO BOX 189 GERMANTOWN, OH 45327	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN TRUDEL DIRECTOR 548 N CHERRY STREET PO BOX 189 GERMANTOWN, OH 45327-0189	<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.			
/s/ TIMOTHY F WOODARD, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY F WOODARD, JR., TREASURER PRINTED NAME AND CORPORATE TITLE	1/7/2013 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.			