

1.) CORPORATION NAME:

COGUN, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0410169**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11369 MARKET ST

CITY/ST/ZIP: NORTH LIMA, OH 44452

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM L COUCHENOUR	
TITLE:	PRESIDENT	
ADDRESS:	330 TERRE VERDE	
CITY/ST/ZIP/CO:	COLUMBIANA, OH 44408	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT A COUCHENOUR	
TITLE:	SEC/TREASURER	
ADDRESS:	12105 GREEN BEAVER ROAD	
CITY/ST/ZIP/CO:	SALEM, OH 44460	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES COUCHENOUR	
TITLE:	CHAIRMAN	
ADDRESS:	13422 SOUTH AVE. EXT.	
CITY/ST/ZIP/CO:	COLUMBIANA, OH 44408	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KURT ANDRE	
TITLE:	DIRECTOR	
ADDRESS:	1423 FORSYTHE RD	
CITY/ST/ZIP/CO:	SYKERSVILLE, MD 21784	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY BANTHER	
TITLE:	DIRECTOR	
ADDRESS:	26 WEST ORANGE ST	
CITY/ST/ZIP/CO:	TARPON SPRINGS, FL 34689	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LEONARD BOERGER	
TITLE:	DIRECTOR	
ADDRESS:	478 MONTELLNNA DR	
CITY/ST/ZIP/CO:	NORTH VENICE, FL 34275	

NAME: DAVID COUCHENOUR TITLE: DIRECTOR ADDRESS: 3442 GLOSSY IBIS CT. CITY/ST/ZIP/CO: PALM HARBOR, FL 34683	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD SCHUBERT TITLE: DIRECTOR ADDRESS: 6615 MADISON MCLEAN DR. CITY/ST/ZIP/CO: MCLEAN, VA 22101	<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.

/s/ SCOTT A COUCHENOUR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT A COUCHENOUR, SEC/TREASURER PRINTED NAME AND CORPORATE TITLE	3/12/2013 DATE
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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.