

1.) CORPORATION NAME:

**NMHG FINANCIAL SERVICES, INC.**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0604696**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 MERRITT 7

CITY/ST/ZIP: NORWALK, CT 06851

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.

<p>NAME: DIANE COOPER TITLE: PRESIDENT ADDRESS: 300 E JOHN CARPENTER FREEWAY CITY/ST/ZIP/CO: IRVING, TX 75062</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MATT LESAGE TITLE: VICE PRESIDENT ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JONATHAN KIPP TITLE: VICE PRESIDENT ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL COSTAS TITLE: TREASURER ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATTHEW CLEAVES TITLE: SECRETARY ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY IANNINI TITLE: ASST SECRETARY ADDRESS: 201 MERRITT 7 CITY/ST/ZIP/CO: NORWALK, CT 06851</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	JIM KELLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 MERRITT 7		
CITY/ST/ZIP/CO:	NORWALK, CT 06851		

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/ ANTHONY IANNINI</u>	<u>ANTHONY IANNINI, ASST</u>	<u>2/25/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.