

<p>1.) CORPORATION NAME: The Indiana Sullivan Corporation (USED IN VA. BY: The Sullivan Corporation)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IN</p>	<p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1135989</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15299 STONY CREEK WAY

CITY/ST/ZIP: NOBLESVILLE, IN 46060

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: TERRY SULLIVAN</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 15299 STONY CREEK WAY</p> <p>CITY/ST/ZIP/CO: NOBLESVILLE, IN 46060</p>	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<p>NAME: MARK A. MENNEN</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: 15299 STONY CREEK WAY</p> <p>CITY/ST/ZIP/CO: NOBLESVILLE, IN 46060</p>	<input checked="" type="checkbox"/>	OFFICER	<input 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/ MARK A. MENNEN	MARK A. MENNEN, SECRETARY	3/24/2014
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.