

1.) CORPORATION NAME:

Relational Technology Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

DUE DATE: **11/30/2011**

SCC ID NO: **F1215765**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2285 FRANKLIN ROAD

CITY/ST/ZIP: BLOOMFIELD HILLS, MI 48390-

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:	KENNETH BRUCHANSKI	
TITLE:	PRESIDENT	
ADDRESS:	2285 FRANKLIN ROAD	
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48302-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY GOLDSTEIN	
TITLE:	PRESIDENT	
ADDRESS:	2285 FRANKLIN ROAD	
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48302-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHLEEN HAHN	
TITLE:	VICE PRESIDENT	
ADDRESS:	125 W. 55TH STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SARA LYNN STENBACK	
TITLE:	SECRETARY	
ADDRESS:	2285 FRANKLIN ROAD	
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48302-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANNA BONIFACE	
TITLE:	ASST SECRETARY	
ADDRESS:	125 W. 55TH STREET	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-	

NAME: AMANDA REED TITLE: ASST SECRETARY ADDRESS: 125 W. 55TH STREET CITY/ST/ZIP/CO: NEW YORK, NM 10019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ANDREW GEE TITLE: DIRECTOR ADDRESS: 2285 FRANKLIN ROAD CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 47392-	<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/ SARA LYNN STENBACK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SARA LYNN STENBACK, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/22/2011 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.