

1.) CORPORATION NAME:

HEALTHY HOMECOMINGS, INC.

DUE DATE: **11/30/2010**

SCC ID NO: **F1235854**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 MONUMENT CIRCLE

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

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: R DAVID KRETSCHMER
TITLE: TREASURER
ADDRESS: 120 MONUMENT CIRCLE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: C. BURKE KING
TITLE: CHAIR
ADDRESS: 120 MONUMENT CIRCLE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: S OWEN HUNT
TITLE: ASST SECRETARY
ADDRESS: 2235 STAPLES MILL ROAD SUITE 401
CITY/ST/ZIP/CO: RICHMOND, VA 23230-

OFFICER

DIRECTOR

NAME: KATHLEEN S KIEFER
TITLE: SECRETARY
ADDRESS: 120 MONUMENT CIRCLE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: WAYNE S DEVEYDT
TITLE: DIRECTOR
ADDRESS: 120 MONUMENT CIRCLE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

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.

<u>/s/ KATHLEEN S KIEFER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KATHLEEN S KIEFER, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/29/2010</u> 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.