

1.) CORPORATION NAME:

BATESVILLE LOGISTICS, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1341348**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O LEGAL DEPARTMENT
ONE BATESVILLE BLVD

CITY/ST/ZIP: BATESVILLE, IN 47006

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:	KIMBERLY K RYAN	
TITLE:	PRESIDENT	
ADDRESS:	ONE BATESVILLE BLVD	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN E LINVILLE	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE BATESVILLE BLVD	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER H TRAINOR	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE BATESVILLE BLVD	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THEODORE S HADDAD, JR	
TITLE:	VP/T	
ADDRESS:	ONE BATESVILLE BLVD	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW A PETERS	
TITLE:	ASST TREASURER	
ADDRESS:	ONE BATESVILLE BLVD	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD S BARNETT	
TITLE:	SECRETARY	
ADDRESS:	ONE BATESVILLE BLVD.	
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R ZERKLE ASST SECRETARY ONE BATESVILLE BLVD BATESVILLE, IN 47006	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE A RAVER DIRECTOR 1 BATESVILLE BLVD BATESVILLE, IN 47006	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E LINVILLE DIRECTOR ONE BATESVILLE BOULEVARD BATESVILLE, IN 47006	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	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.					
/s/ RICHARD S BARNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD S BARNETT, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/1/2014 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.					