

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

AutoVIN, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1416983**

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13085 HAMILTON CROSSING BLVD.
SUITE 500

CITY/ST/ZIP: CARMEL, IN 46032

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:	DENNIS JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13085 HAMILTON CROSSING BLVD		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	SCOTT A ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	13085 HAMILTON CROSSING BLVD		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	ERIC M LOUJLMILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/EXEC VP		
ADDRESS:	13085 HAMILTON CROSSING BLVD		
CITY/ST/ZIP/CO:	STE 500 CARMEL, IN 46032		

NAME:	MICHELLE MALLON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	13085 HAMILTON CROSSING BLVD		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	REBECCA POLAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13085 HAMILTON CROSSING BLVD.		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN PEISNER TREASURER 13085 HAMILTON CROSSING BLVD STE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANE ST-HILAIRE DIRECTOR 13085 HAMILTON CROSSING BLVD. CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL J LIPS DIRECTOR 13085 HAMILTON CROSSING BLVD CARMEL, IN 46032	<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/ MICHELLE MALLON	MICHELLE MALLON, VP/SEC	3/5/2014	
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.			