

1.) CORPORATION NAME:

FCX PERFORMANCE, INC.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1420035**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000
PREFER	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3000 E 14TH AVE

CITY/ST/ZIP: COLUMBUS, OH 43219

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: CHARLES HALE TITLE: PRESIDENT ADDRESS: 3000 E 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CHARLES HALE TITLE: TREASURER ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RUSSELL FRAZEE TITLE: ASST SECRETARY ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CHARLES HALE TITLE: SECRETARY ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARK RIORDAN TITLE: CFO ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN CARLSON TITLE: DIRECTOR ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: MIKE DEFLORIO TITLE: DIRECTOR ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SANTORO TITLE: DIRECTOR ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES SIMON TITLE: DIRECTOR ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS WHALEN TITLE: DIRECTOR ADDRESS: 3000 E. 14TH AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43219	<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/ CHARLES HALE	CHARLES HALE, PRESIDENT	4/24/2015
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.		