

1.) CORPORATION NAME:

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

Bader Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1512138**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9777 N COLLEGE AVE

CITY/ST/ZIP: INDIANAPOLIS, IN 46280

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:	MAUREEN LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9777 N. COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	AMY SOBISKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9777 N COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	JANET KHALIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9777 N COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	ROBERT N BADER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9777 N COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	LAWRENCE A FRIEDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9777 N COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME:	DARRELL GAMBERO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9777 N COLLEGE AVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

NAME: TIMOTHY STAPLEFORD TITLE: DIRECTOR ADDRESS: 9777 N COLLEGE AVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46280	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: ROBERT WARREN TITLE: DIRECTOR ADDRESS: 9777 N COLLEGE AVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46280	<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/ JANET KHALIL	JANET KHALIL, TREASURER	4/26/2013
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.