

1.) CORPORATION NAME: MULTI FITTINGS CORPORATION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 2/28/2014 SCC ID NO: F1539263 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: DE					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4507 LESAINC COURT CITY/ST/ZIP: FAIRFIELD, OH 45014-5486

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: PAUL LEONARD TITLE: PRES/COO ADDRESS: 4507 LESAINC CT CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5486	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W BRUCE CLARK TITLE: SECRETARY ADDRESS: 40 KING STREET WEST SUITE 2100 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALEX MESTRES TITLE: CHAIRMAN ADDRESS: 4507 LESAINC COURT CITY/ST/ZIP/CO: FAIRFIELD, OH 45014-5486	<input checked="" 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/ PAUL LEONARD	PAUL LEONARD, PRES/COO	2/5/2014
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.