

1.) CORPORATION NAME:

J. F. AHERN CO.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1568486**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000
PREFER	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 855 MORRIS ST

CITY/ST/ZIP: FOND DU LAC, WI 54935

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: JOHN E AHERN III TITLE: PRESIDENT ADDRESS: 855 MORRIS STREET CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT MATHEWS TITLE: VP/S/T ADDRESS: 855 MORRIS ST CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN AHERN TITLE: CHAIRMAN ADDRESS: 855 MORRIS ST CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY AHERN TITLE: EVP ADDRESS: 855 MORRIS ST CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KENNETH COLLINS TITLE: EVP ADDRESS: 855 MORRIS STREET CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT FISCHER TITLE: EVP ADDRESS: 855 MORRIS ST CITY/ST/ZIP/CO: FOND DU LAC, WI 54935</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: ALAN R FOX TITLE: EVP ADDRESS: 855 MORRIS ST CITY/ST/ZIP/CO: FOND DUL LAC, WI 54935	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES R JARVIS TITLE: EVP ADDRESS: 855 MORRIS STREET CITY/ST/ZIP/CO: FOND DU LAC, WI 54935	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ ROBERT MATHEWS	ROBERT MATHEWS, VP/S/T	10/11/2013
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.