

1.) CORPORATION NAME:

TRI-C CONSTRUCTION COMPANY, INC.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1572959**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	500
COMNV	750

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1765 MERRIMAN ROAD

CITY/ST/ZIP: AKRON, OH 44313

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: DANIEL E. FRISBEE TITLE: PRESIDENT ADDRESS: 1765 MERRIMAN RD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY P KEATING TITLE: VICE PRESIDENT ADDRESS: 1765 MERRIMAN RD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ALAN W SPONSELLER TITLE: VP/AST S ADDRESS: 1765 MERRIMAN RD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANDREW R DUFF TITLE: SECRETARY ADDRESS: 159 S MAIN ST CITY/ST/ZIP/CO: AKRON, OH 44308</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD A INTORCIO TITLE: TREASURER ADDRESS: 1765 MERRIMAN ROAD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY N PETRARCA TITLE: CHAIRMAN ADDRESS: 1765 MERRIMAN RD CITY/ST/ZIP/CO: AKRON, OH 44313</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: ANTHONY A PETRARCA TITLE: DIRECTOR ADDRESS: 1765 MERRIMAN ROAD CITY/ST/ZIP/CO: AKRON, OH 44313	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LENORA J PETRARCA TITLE: DIRECTOR ADDRESS: 1765 MERRIMAN ROAD CITY/ST/ZIP/CO: AKRON, OH 44313	<input 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/ ALAN W SPONSELLER	ALAN W SPONSELLER, VP/AST S	12/19/2012
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.