

1.) CORPORATION NAME:

UNITED SCIENCES TESTING, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1583402**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 COMMONWEALTH DR

CITY/ST/ZIP: WARRENDALE, PA 15086

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.

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| NAME: | STEPHEN W BURGE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |
| NAME: | DAVID F POWELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |
| NAME: | TIMOTHY V. RIORDAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |
| NAME: | JEFFREY D. CROSS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |
| NAME: | MARK A PYLE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |
| NAME: | JULIA A SLOAT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |

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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RENEE V. HAWKINS ASST TREASURER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARK C MCCULLOUGH CHAIRMAN 1 RIVERSIDE DR COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WILLIAM L SIGMON JR CEO 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | J. MIKE BROWN ESH DIRECTOR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOSEPH M. BUONAIUTO CONTROLLER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JEFFREY D. CROSS ASST SECRETARY 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOSEPH F. ENNIS GENERAL MANAGER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DAVID M. FEINBERG SECRETARY 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ANDREW B. REIS ASST CONTROLLER 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TIMOTHY K. LIGHT DIRECTOR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN M. MCMANUS DIRECTOR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|-----------------|-----------------------|----------------------------------|--|
| NAME: | RICHARD E. MUNCZINSKI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1 RIVERSIDE PLAZA | | |
| CITY/ST/ZIP/CO: | COLUMBUS, OH 43215 | | |

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.

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| /s/ MARK A PYLE | MARK A PYLE, VICE PRESIDENT | 4/24/2013 |
| 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.