

1.) CORPORATION NAME:

UNITED SCIENCES TESTING, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1583402**

5.) STOCK INFORMATION

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: 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.

NAME:	NICHOLAS K AKINS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	DAVID F POWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	TIMOTHY V. RIORDAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	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 type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

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 PRESIDENT 1 RIVERSIDE DR COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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 PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN X TIERNEY VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M FEINBERG VICE PRESIDENT 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN X TIERNEY CFO 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA GREGORY ASSISTANT CONTR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE WILLIAMS ASSISTANT CONTR 1 RIVERSIDE PLAZA COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	THOMAS G BERKEMEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
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.

/s/ MARK A PYLE	MARK A PYLE, VICE PRESIDENT	4/21/2014
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.