

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

Woolpert, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1597881**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4454 IDEA CENTER BLVD

CITY/ST/ZIP: DAYTON, OH 45430

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:	MICHAEL R FLANNERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4454 IDEA CENTER BLVD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	MICHAEL A AVELLANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4454 IDEA CENTER BLVD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	STEPHEN P PHIPPS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4454 IDEA CENTER BLVD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	GARY L STEWART	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4454 IDEA CENTER BLVD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	LEE R JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9 WEDGE WAY		
CITY/ST/ZIP/CO:	LITTLETON, CO 80123		

NAME:	JOSHUA T. HEID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4454 IDEA CENTER BOULEVARD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	PAUL A. GRODECKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4454 IDEA CENTER BOULEVARD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

NAME:	DAVID J. ZIEGMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4454 IDEA CENTER BOULEVARD		
CITY/ST/ZIP/CO:	DAYTON, OH 45430		

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.

<u>/s/ MICHAEL R FLANNERY</u>	<u>MICHAEL R FLANNERY,</u>	<u>7/16/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.