

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

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

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.

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

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

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

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

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL A AVELLANO	
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:	HOLLIS A. WALKER JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	37 SWEETSPIRE DRIVE		
CITY/ST/ZIP/CO:	ELGIN, SC 29045		

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/ JOSHUA T. HEID	JOSHUA T. HEID, TREASURER	7/22/2013
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.