

1.) CORPORATION NAME:

N.G. Gilbert Corp.

DUE DATE: **4/30/2012**

SCC ID NO: **F1624560**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 128
101 S MAIN ST

CITY/ST/ZIP: PARKER CITY, IN 47368-

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: KEVIN KOC
TITLE: SR VP
ADDRESS: 101 S MAIN ST
CITY/ST/ZIP/CO: PARKER CITY, IN 47368-

OFFICER

DIRECTOR

NAME: DAVID O TRITTIPO
TITLE: TREASURER
ADDRESS: 101 S MAIN ST
CITY/ST/ZIP/CO: PARKER CITY, IN 47368-

OFFICER

DIRECTOR

NAME: GARY H GRACA
TITLE: PRESIDENT
ADDRESS: PO BOX 128
101 S MAIN ST
CITY/ST/ZIP/CO: PARKER CITY, IN 47368-

OFFICER

DIRECTOR

NAME: MICHELLE M COON
TITLE: SECRETARY
ADDRESS: 101 S MAIN ST
CITY/ST/ZIP/CO: PARKER CITY, IN 47368-

OFFICER

DIRECTOR

NAME: PHILLIP E CHAMBERS
TITLE: DIRECTOR
ADDRESS: P.O. BOX 128
101 S. MAIN STREET
CITY/ST/ZIP/CO: PARKER CITY, IN 47368-

OFFICER

DIRECTOR

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/ MICHELLE M COON</u>	<u>MICHELLE M COON, SECRETARY</u>	<u>3/15/2012</u>
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.