

1.) CORPORATION NAME:

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

Construction Technology Laboratories, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1663766**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 OLD ORCHARD RD
CITY/ST/ZIP: SKOKIE, IL 60077

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.

<p>NAME: TIMOTHY D TONYAN TITLE: SECRETARY ADDRESS: 5400 OLD ORCHARD ROAD CITY/ST/ZIP/CO: SKOKIE, IL 60077</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PAUL HAGLUND TITLE: TREASURER ADDRESS: 5400 OLD ORCHARD RD CITY/ST/ZIP/CO: SKOKIE, IL 60077</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: FLORIAN BARTH TITLE: DIRECTOR ADDRESS: 15466 LOS GATOS BLVD. CITY/ST/ZIP/CO: LOS GATOS, CA 95032</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CARY COHRS TITLE: DIRECTOR ADDRESS: 4750 E COUNTY ROAD 470 CITY/ST/ZIP/CO: SUMTERVILLE, FL 33585</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARIS PAPADOPOULOS TITLE: DIRECTOR ADDRESS: 1151 AZALEA GARDEN ROAD CITY/ST/ZIP/CO: NORFOLK, VA 23502</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GREG SCOTT TITLE: DIRECTOR ADDRESS: 500 NEW JERSEY AVENUE, NW 7TH FLOOR CITY/ST/ZIP/CO: WASHINGTON, DC 20001</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES SUNDERLAND TITLE: DIRECTOR ADDRESS: 11011 CODY CITY/ST/ZIP/CO: OVERLAND PARK, KS 66210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WM. BRENT NIXON TITLE: PRESIDENT ADDRESS: 5400 OLD ORCHARD ROAD CITY/ST/ZIP/CO: SKOKIE, IL 60077	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TIMOTHY D TONYAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY D TONYAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/26/2014 DATE
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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.