

1.) CORPORATION NAME:

**Hummel Group, Inc.**

DUE DATE: **10/29/2010**

SCC ID NO: **F1724030**

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

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4585 SR 39  
PO BOX 250

CITY/ST/ZIP: BERLIN, OH 44610-

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:	VAUGHN TROYER	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 250	
CITY/ST/ZIP/CO:	BERLIN, OH 44610-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID COIL	
TITLE:	TREASURER	
ADDRESS:	PO BOX 250	
CITY/ST/ZIP/CO:	BERLIN, OH 44610-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARRY HUMMEL	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 250	
CITY/ST/ZIP/CO:	BERLIN, OH 44610-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL SOMMERS	
TITLE:	CEO	
ADDRESS:	PO BOX 250	
CITY/ST/ZIP/CO:	BERLIN, OH 44610-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TONY ROHRER	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 3	
CITY/ST/ZIP/CO:	ORRVILLE, OH 44610-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRICK HUMMEL DIRECTOR PO BOX 250 BERLIN, OH 44610-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BURKE HUMMEL DIRECTOR PO BOX 250 BERLIN, OH 44610-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW YOST DIRECTOR 615 RIFFEL RD WOOSTER, OH 44691-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TAYLOR VICE PRESIDENT 615 RIFFEL RD WOOSTER, OH 44691-	<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/ VAUGHN TROYER	VAUGHN TROYER, PRESIDENT	2/14/2011
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.