

1.) CORPORATION NAME:

Hummel Group, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1724030**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4585 State Route 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.

NAME:	VAUGHN TROYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 250		
CITY/ST/ZIP/CO:	BERLIN, OH 44610		

NAME:	DAVID TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	615 RIFFEL RD		
CITY/ST/ZIP/CO:	WOOSTER, OH 44691		

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

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

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

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

NAME: BURKE HUMMEL TITLE: DIRECTOR 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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MATTHEW YOST TITLE: DIRECTOR ADDRESS: 615 RIFFEL RD CITY/ST/ZIP/CO: WOOSTER, OH 44691	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.		
/s/ VAUGHN TROYER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VAUGHN TROYER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/1/2012 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.		