

1.) CORPORATION NAME:

**Ash Brokerage Corporation**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1741844**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7609 W. JEFFERSON BLVD.

CITY/ST/ZIP: FORT WAYNE, IN 46804

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 ASH TITLE: CEO ADDRESS: 7609 W. JEFFERSON BLVD. CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JASON GROVER TITLE: VP/DIR ADDRESS: 7609 W. JEFFERSON BLVD. CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY SCHAEFER TITLE: VICE PRESIDENT ADDRESS: 39555 ORCHARD HILL PLACE SUITE 515 CITY/ST/ZIP/CO: NOVI, MI 48375</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MIKE MCGLOTHLIN TITLE: VICE PRESIDENT ADDRESS: 7609 W JEFFERSON BLVD CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID SHOUP TITLE: VICE PRESIDENT ADDRESS: 7609 W JEFFERSON BLVD. CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOE SVITEK TITLE: TREASURER ADDRESS: 7609 W JEFFERSON BLVD CITY/ST/ZIP/CO: FORT WAYNE, IN 46804</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA DUNNUCK SECRETARY 7609 W. JEFFERSON BLVD. FORT WAYNE, IN 46804	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D ASH DIRECTOR 999 VANDERBILT BEACH RD #213 COCO RIVER, FL 34108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Larry Dahl PRESIDENT 7609 W Jefferson Blvd Fort Wayne, IN 46804	<input checked="" 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/ PAMELA DUNNUCK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAMELA DUNNUCK, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/29/2014 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.			