

1.) CORPORATION NAME:

DuBois Chemicals, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1768235**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3630 E KEMPER RD

CITY/ST/ZIP: CINCINNATI, OH 45241

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:	JEFF WELSH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3630 EAST KEMPER RD		
CITY/ST/ZIP/CO:	SHARONVILLE, OH 45241		
NAME:	TIMOTHY A GOSLINE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 PUBLIC SQ		
CITY/ST/ZIP/CO:	29TH FL CLEVELAND, OH 44113		
NAME:	HOWARD C WALKER III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 PUBLIC SQ 29TH FL		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44113		
NAME:	ROBERT BALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3630 E KEMPER RD		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45241		
NAME:	JIM CHRISTIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5745 MIAMI RD		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45243		
NAME:	JOHN CICCARELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9621 CYPRESS HAMMOCK CIR, #201		
CITY/ST/ZIP/CO:	BONITA SPRINGS, FL 34135		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE STINGEL DIRECTOR 30600 N PIMA RD UNIT 47 SCOTTSDALE, AZ 85266	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter C Tsang Secretary/Treas 455 Market Street Suite 1520 San Francisco, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Scott McManis Controller 3630 E Kemper Rd Cincinnati, OH 45241	<input checked="" type="checkbox"/> OFFICER	<input 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/ Scott McManis	Scott McManis, Controller	8/28/2012	
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.			