

1.) CORPORATION NAME:

Viox Services, Inc.

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

DUE DATE: **1/31/2011**

SCC ID NO: **F1778549**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMBNV	2,000
COMAV	500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 WEST VOORHEES STREET

CITY/ST/ZIP: CINCINNATI, OH 45215-

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 type="checkbox"/> DIRECTOR
NAME:	MAXINE MAURICIO	
TITLE:	SECRETARY	
ADDRESS:	301 MERRITT SEVEN 6TH FL	
CITY/ST/ZIP/CO:	NORWALK, CT 06851-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL P BORDES	
TITLE:	DIRECTOR	
ADDRESS:	3100 WOODCREEK DRIVE	
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL R VIOX	
TITLE:	PRESIDENT	
ADDRESS:	15 W VOORHES ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45215-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES EBENSCHWEIGER	
TITLE:	PRESIDENT	
ADDRESS:	15 W VOORHES ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45215-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL J VIOX	
TITLE:	PRESIDENT	
ADDRESS:	15 W VOORHES ST	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45215-	

NAME: FRANK RILEY TITLE: PRESIDENT ADDRESS: 15 W VOORHES ST CITY/ST/ZIP/CO: CINCINNATI, OH 45215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIMOTHY VIOX TITLE: VICE PRESIDENT ADDRESS: 15 W. VOORHEES STREET CITY/ST/ZIP/CO: CINCINNATI, OH 45215-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTHONY TRIANO TITLE: VICE PRESIDENT ADDRESS: 301 MERRITT SEVEN 6TH FLOOR CITY/ST/ZIP/CO: NORWALK, CT 06851-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DOUGLAS MYERS TITLE: VICE PRESIDENT ADDRESS: 301 MERRITT SEVEN 6TH FLOOR CITY/ST/ZIP/CO: NORWALK, CT 06851-	<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.		
<u>/s/ MAXINE MAURICIO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MAXINE MAURICIO, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/4/2011</u> 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.		