

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.

OFFICER  DIRECTOR

NAME: MICHAEL R VIOX  
TITLE: PRESIDENT  
ADDRESS: 15 W VOORHES ST  
CITY/ST/ZIP/CO: CINCINNATI, OH 45215-

OFFICER  DIRECTOR

NAME: DOUGLAS MYERS  
TITLE: VICE PRESIDENT  
ADDRESS: 301 MERRITT SEVEN  
6TH FLOOR  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER  DIRECTOR

NAME: ANTHONY TRIANO  
TITLE: VICE PRESIDENT  
ADDRESS: 301 MERRITT SEVEN  
6TH FLOOR  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

OFFICER  DIRECTOR

NAME: TIMOTHY VIOX  
TITLE: VICE PRESIDENT  
ADDRESS: 15 W. VOORHEES STREET  
CITY/ST/ZIP/CO: CINCINNATI, OH 45215-

OFFICER  DIRECTOR

NAME: MAXINE MAURICIO  
TITLE: SECRETARY  
ADDRESS: 301 MERRITT SEVEN 6TH FL  
CITY/ST/ZIP/CO: NORWALK, CT 06851-

NAME: MICHAEL P BORDES TITLE: DIRECTOR ADDRESS: 3100 WOODCREEK DRIVE CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES EBENSCHWEIGER TITLE: TREASURER ADDRESS: 15 W VOORHES ST CITY/ST/ZIP/CO: CINCINNATI, OH 45215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DANIEL J VIOX TITLE: VICE PRESIDENT ADDRESS: 15 W VOORHES ST CITY/ST/ZIP/CO: CINCINNATI, OH 45215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: FRANK RILEY TITLE: VICE PRESIDENT ADDRESS: 15 W VOORHES ST CITY/ST/ZIP/CO: CINCINNATI, OH 45215-	<input checked="" type="checkbox"/> OFFICER	<input 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/ MAXINE MAURICIO	MAXINE MAURICIO, SECRETARY	1/4/2011
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.