

1.) CORPORATION NAME:

Browning Day Mullins Dierdorf, P.C.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1795832**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 626 N ILLINOIS STREET

CITY/ST/ZIP: INDIANAPOLIS, IN 46204

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:	JONATHAN R HESS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/TREA		
ADDRESS:	626 N ILLINOIS STREET		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	GREGORY E JACOBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	626 N. ILLINOIS STREET		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	JOHN M DIERDORF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	626 N. ILLINOIS ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	CRAIG W. MULLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN OF BD		
ADDRESS:	626 N. ILLINOIS ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	NICHOLAS J DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	626 N ILLINOIS STREET		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME:	BARTH D HENDRICKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	626 N. ILLINOIS ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME: JONATHAN D HUTSLAR TITLE: DIRECTOR ADDRESS: 626 N. ILLINOIS ST. CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DAVID M LONG TITLE: DIRECTOR ADDRESS: 626 N. ILLINOIS ST. CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" 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/ JONATHAN R HESS	JONATHAN R HESS, P/TREA	6/14/2012
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.