

1.) CORPORATION NAME:

**S & C Electric Company**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1824434**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6601 N. RIDGE BLVD

CITY/ST/ZIP: CHICAGO, IL 60626

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: JOHN W ESTEY TITLE: Executive Chrnm ADDRESS: 6601 N RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STANLEY F SLABAS TITLE: DIRECTOR ADDRESS: 6601 N RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN E. JOHANN TITLE: Corp Sec/Treas ADDRESS: 6601 N. RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LYNN CONRAD ARMSTRONG TITLE: DIRECTOR ADDRESS: 6601 N RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: G. MICHAEL HORN TITLE: DIRECTOR ADDRESS: 6601 N. RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANKLIN KELLY TITLE: DIRECTOR ADDRESS: 6601 N. RIDGE BLVD CITY/ST/ZIP/CO: CHICAGO, IL 60626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E. KIRKPATRICK DIRECTOR 6601 N. RIDGE BLVD CHICAGO, IL 60613	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERLE NYE DIRECTOR 6601 N. RIDGE BLVD CHICAGO, IL 60626	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYLE SEYMOUR PRESIDENT 6601 N. RIDGE BLVD CHICAGO, IL 60626	<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/ JOHN E. JOHANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN E. JOHANN, Corp Sec/Treas PRINTED NAME AND CORPORATE TITLE	4/10/2013 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.			