

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

**ASSOCIATED EQUIPMENT DISTRIBUTORS**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1829201**

**CHRISTIAN A KLEIN  
121 N HENRY ST  
ALEXANDRIA, VA**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 22ND STREET, SUITE 220

CITY/ST/ZIP: OAK BROOK, IL 60523

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:	A. ROY KERN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FOUNDATION PRES		
ADDRESS:	1000 STATION STREET		
CITY/ST/ZIP/CO:	CORAOPOLIS, PA 15108		
NAME:	BRIAN P. MCGUIRE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES & CEO		
ADDRESS:	600 W. 22ND ST., SUITE 220		
CITY/ST/ZIP/CO:	OAK BROOK, IL 60523		
NAME:	MICHAEL D. BRENNAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP OF FINANCE		
ADDRESS:	PO BOX 32230		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40232-2230		
NAME:	WHIT PERRYMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3025 N STATE HWY 161		
CITY/ST/ZIP/CO:	IRVING, TX 75062		
NAME:	WES STOWERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6301 OLD RUTLEDGE PIKE		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37914		
NAME:	RICK VAN EXAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 5511		
CITY/ST/ZIP/CO:	CONCORD, ON, L4K 1, CANADA , , FN		

NAME:	MIKE QUIRK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	IMM. PAST CHAIR		
ADDRESS:	PO BOX 17620		
CITY/ST/ZIP/CO:	DENVER, CO 80217-0620		
NAME:	DON SHILLING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	PO BOX 2145		
CITY/ST/ZIP/CO:	FARGO, ND 58107-2145		
NAME:	TIMOTHY J. WATTERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	300 S RANDOLPHVILLE RD		
CITY/ST/ZIP/CO:	PISCATAWAY, NJ 08855-0669		
NAME:	RYAN GREENAWALT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	28775 BECK RD.		
CITY/ST/ZIP/CO:	WIXOM, MI 48393		
NAME:	TODD BACHMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9775 W BOYNTON BEACH BLVD.		
CITY/ST/ZIP/CO:	BOYNTON BEACH, FL 33437-4421		
NAME:	RON BARLET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	569 S VAN BUREN ST		
CITY/ST/ZIP/CO:	PLACENTIA, CA 92870		
NAME:	DENNIS HELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7201 PAXTON ST.		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17111		
NAME:	TODD HYSTAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7445 LOWLAND DR.		
CITY/ST/ZIP/CO:	BURNABY, BC, V5J 5, CANADA , , FN		
NAME:	PATRICK W. MCCONNELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 20577		
CITY/ST/ZIP/CO:	PORTLAND, OR 97294		
NAME:	LARRY R. MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12770 W SILVER SPRING DR.		
CITY/ST/ZIP/CO:	BUTLER, WI 53007		
NAME:	MITCH NEVINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8111 MILLS RD.		
CITY/ST/ZIP/CO:	HOUSTON, TX 77064		

NAME: CHRISTOPHER PALMER TITLE: DIRECTOR ADDRESS: PO BOX 1099 CITY/ST/ZIP/CO: WILLISTON, VT 05495-1099	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GILES POULSON TITLE: DIRECTOR ADDRESS: 5770 EAST 77TH AVE. CITY/ST/ZIP/CO: COMMERCE CITY, CO 80022-1044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAY RODES TITLE: DIRECTOR ADDRESS: 2180 OLD FRANKFORT PIKE CITY/ST/ZIP/CO: LEXINGTON, KY 40510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE ROONEY TITLE: DIRECTOR ADDRESS: PO BOX 10367 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY D. VAUGHN TITLE: DIRECTOR ADDRESS: PO BOX 270060 CITY/ST/ZIP/CO: OKLAHOMA CITY, OK 73137-0060	<input 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/ BRIAN P. MCGUIRE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN P. MCGUIRE, PRES & CEO PRINTED NAME AND CORPORATE TITLE	6/5/2014 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.		