

1.) CORPORATION NAME:

DUE DATE: **2/28/2013**

WCR Incorporated

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1850264**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 INTERNATIONAL TRADE DR

CITY/ST/ZIP: RICHMOND, VA 23231

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.

<p>NAME: JOSEPH M LAWRENCE TITLE: TREASURER ADDRESS: 5400 INTERNATIONAL TRADE DR CITY/ST/ZIP/CO: RICHMOND, VA 23231</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KIM ANDREASEN TITLE: PRESIDENT ADDRESS: 221 CRANE ST CITY/ST/ZIP/CO: DAYTON, OH 45403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATTIAS E OLSSON TITLE: VICE PRESIDENT ADDRESS: 221 CRANE ST. CITY/ST/ZIP/CO: DAYTON, OH 45403</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN D PRATT TITLE: VICE PRESIDENT ADDRESS: 5400 INTERNATIONAL TRADE DR CITY/ST/ZIP/CO: RICHMOND, VA 23231</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM J CONNOLLY TITLE: SECRETARY ADDRESS: 5400 INTERNATIONAL TRADE DR CITY/ST/ZIP/CO: RICHMOND, VA 23231</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN ATANASIO TITLE: DIRECTOR ADDRESS: 5400 INTERNATIONAL TRADE DR CITY/ST/ZIP/CO: RICHMOND, VA 23231</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LENNART CARLSON TITLE: DIRECTOR ADDRESS: RUDENBOKSVAGEN 1 SSE-226 55 LUND, SWEDEN CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ULF GRANDSTRAND TITLE: DIRECTOR ADDRESS: RUDEBOKSVAGEN 1 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: YVES SALQUE TITLE: DIRECTOR ADDRESS: 97 ALLEE A. BORODINE SAINT-PREIST CEDEX ,FR-69,FRANCE CITY/ST/ZIP/CO: , , FN	<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/ STEPHEN D PRATT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN D PRATT, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/6/2013 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.		