

1.) CORPORATION NAME:

DUE DATE: **2/28/2015**

**WCR Incorporated**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1850264**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIM ANDREASEN	
TITLE:	PRESIDENT	
ADDRESS:	221 CRANE ST	
CITY/ST/ZIP/CO:	DAYTON, OH 45403	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTIAS E. OLSSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	221 CRANE ST.	
CITY/ST/ZIP/CO:	DAYTON, OH 45403	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH M. LAWRENCE	
TITLE:	TREASURER	
ADDRESS:	5400 INTERNATIONAL TRADE DR	
CITY/ST/ZIP/CO:	RICHMOND, VA 23231	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT T. MADISON, JR.	
TITLE:	ASST TREASURER	
ADDRESS:	5400 INTERNATIONAL TRADE DR	
CITY/ST/ZIP/CO:	RICHMOND, VA 23231	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM J. CONNOLLY	
TITLE:	SECRETARY	
ADDRESS:	5400 INTERNATIONAL TRADE DR	
CITY/ST/ZIP/CO:	RICHMOND, VA 23231	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK P. FERRETTI	
TITLE:	ASST SECRETARY	
ADDRESS:	5400 INTERNATIONAL TRADE DR	
CITY/ST/ZIP/CO:	RICHMOND, VA 23231	

NAME: JOHN C. ATANASIO TITLE: DIRECTOR ADDRESS: 5400 INTERNATIONAL TRADE DR CITY/ST/ZIP/CO: RICHMOND, VA 23231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LENNART CARLSON TITLE: DIRECTOR ADDRESS: RUDENBOKSVAGEN 1 CITY/ST/ZIP/CO: LUND,SE-22,SWEDEN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SVANTE KARLSSON TITLE: DIRECTOR ADDRESS: RUDEBOKSVAGEN 1 CITY/ST/ZIP/CO: LUND,SE-22,SWEDEN , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: YVES SALQUE TITLE: DIRECTOR ADDRESS: 97 ALLEE A. BORODINE CITY/ST/ZIP/CO: SAINT-PRIEST CEDEX,FR-69,FRANCE , , 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/ ROBERT T. MADISON, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT T. MADISON, JR., ASST TREASURER PRINTED NAME AND CORPORATE TITLE	2/25/2015 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.		