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| 1.) CORPORATION NAME:<br><b>Auctor Corporation</b>   | DUE DATE: <b>2/28/2013</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD<br/>STE 301<br/><br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1850447</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>IN</b>  |   |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 9225 PRIORITY WAY WEST DRIVE<br>SUITE 390<br><br>CITY/ST/ZIP: INDIANAPOLIS, IN 46240 |  |
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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: BRAD WEBER                               | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT                               |                                     |         |                                     |          |
| ADDRESS: 9225 PRIORITY WAY WES DRIVE SUITE 390 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240         |                                     |         |                                     |          |

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: ROBERT ORR IV                             | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT                           |                                     |         |                                     |          |
| ADDRESS: 9225 PRIORITY WAY WEST DRIVE SUITE 390 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240          |                                     |         |                                     |          |

|   |                                     |         |                                     |          |
|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: MICHAEL BAUER                             | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: CHAIRMAN                                 |                                     |         |                                     |          |
| ADDRESS: 9225 PRIORITY WAY WEST DRIVE_SUITE 390 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240          |                                     |         |                                     |          |

|   |                                     |         |                          |          |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: DAVID CHRISTENSEN                         | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: CFO                                      |                                     |         |                          |          |
| ADDRESS: 9225 PRIORITY WAY WEST DRIVE SUITE 390 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240          |                                     |         |                          |          |

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/ DAVID CHRISTENSEN                               | DAVID CHRISTENSEN, CFO           | 4/15/2013 |
| 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.