

1.) CORPORATION NAME:

Assisted Housing Services Corporation

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1855750**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 880 E. Eleventh Avenue

CITY/ST/ZIP: Columbus, OH 43211

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 type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Charles D. Hillman | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Tracey Rudy | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Stephen J. Havens | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | Charles D. Hillman | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | Christine S. Risdon | |
| TITLE: | TREASURER | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | Tracey Rudy | |
| TITLE: | COO | |
| ADDRESS: | 880 E. Eleventh Avenue | |
| CITY/ST/ZIP/CO: | Columbus, OH 43211 | |

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 J. Havens | Stephen J. Havens, | 5/23/2012 |
| 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. | | |