

1.) CORPORATION NAME:

ACS Regional Committees on Trauma

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

DUE DATE: **3/16/2012**

SCC ID NO: **F1864570**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 633 N. ST. CLAIR ST.
27FL

CITY/ST/ZIP: CHICAGO, IL 60611-

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: RAUL COIMBRA
TITLE: PRESIDENT
ADDRESS: 633 N. ST. CLAIR ST.
27FL CFO
CITY/ST/ZIP/CO: CHICAGO, IL 60611-

OFFICER DIRECTOR

NAME: JOHN FILDES
TITLE: BANKING OFFICER
ADDRESS: 633 N. ST. CLAIR ST.
27FL CFO
CITY/ST/ZIP/CO: CHICAGO, IL 60611-

OFFICER DIRECTOR

NAME: BRAD CUSHING
TITLE: DIRECTOR
ADDRESS: 633 N. ST. CLAIR ST.
27FL CFO
CITY/ST/ZIP/CO: CHICAGO, IL 60611-

OFFICER DIRECTOR

NAME: FRANK KENNEDY
TITLE: DIRECTOR
ADDRESS: 633 N. ST. CLAIR ST.
27FL CFO
CITY/ST/ZIP/CO: CHICAGO, IL 60611-

OFFICER 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.

<u>/s/ JOHN FILDES</u>	<u>JOHN FILDES, BANKING OFFICER</u>	<u>3/16/2012</u>
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.