

1.) CORPORATION NAME: ACS Regional Committees on Trauma	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET	SCC ID NO: F1864570
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND, VA	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: IL	

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	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 633 N. ST. CLAIR ST.				
CITY/ST/ZIP/CO: 27FL CFO CHICAGO, IL 60611				

NAME: JOHN FILDES	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: BANKING OFFICER				
ADDRESS: 633 N. ST. CLAIR ST.				
CITY/ST/ZIP/CO: 27FL CFO CHICAGO, IL 60611				

NAME: BRAD CUSHING	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 633 N. ST. CLAIR ST.				
CITY/ST/ZIP/CO: 27FL CFO CHICAGO, IL 60611				

NAME: FRANK KENNEDY	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 633 N. ST. CLAIR ST.				
CITY/ST/ZIP/CO: 27FL CFO CHICAGO, IL 60611				

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/ JOHN FILDES	JOHN FILDES, BANKING OFFICER	5/7/2013
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.