

1.) CORPORATION NAME:

**ROTO-ROOTER DEVELOPMENT COMPANY**

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1865874**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 E FIFTH ST STE 2500

CITY/ST/ZIP: CINCINNATI, OH 45202

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:	FRANK CASTILLO	
TITLE:	PRESIDENT	
ADDRESS:	300 ASHWORTH RD	
CITY/ST/ZIP/CO:	WEST DESMOINES, IA 50265	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID P WILLIAMS	
TITLE:	TREASURER	
ADDRESS:	255 E FIFTH ST STE 2600	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK W STEPHENS	
TITLE:	ASST TREASURER	
ADDRESS:	255 E FIFTH ST STE 2600	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NAOMI C DALLOB	
TITLE:	SECRETARY	
ADDRESS:	255 E FIFTH ST STE 2600	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JACK W PAINTER	
TITLE:	ASST SECRETARY	
ADDRESS:	255 E FIFTH ST STE 2600	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SPENCER S. LEE	
TITLE:	DIRECTOR	
ADDRESS:	255 EAST 5TH STREET	
CITY/ST/ZIP/CO:	SUITE 2500 CINCINNATI, OH 45202	

NAME:	KEVIN J MCNAMARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	255 EAST 5TH STREET		
	SUITE 2600		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

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/ MARK W STEPHENS</u>	<u>MARK W STEPHENS, ASST</u>	<u>5/28/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.