

1.) CORPORATION NAME:

DUE DATE: **7/31/2012**

**CIMRO**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1865957**

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2902 CROSSING CT STE C

CITY/ST/ZIP: CHAMPAIGN, IL 61822

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:	PATRICIA LUKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS/DIR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:	RONALD L JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	V CHAIR/DIR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:	BARRY SLOTKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR/DIR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:	MARY BELFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:	RICHARD GRABHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:	DEBORAH MCDERMOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2902 CROSSING CT STE C		
CITY/ST/ZIP/CO:	CHAMPAIGN, IL 61822		

NAME:                   KENNETH PRINTEN TITLE:                   DIRECTOR ADDRESS:               2902 CROSSING CT STE C CITY/ST/ZIP/CO:       CHAMPAIGN, IL 61822	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   Julia Anne Overstreet TITLE:                   ASST SECRETARY ADDRESS:               2902 Crossing Court Suite C CITY/ST/ZIP/CO:       Champaign, IL 61822	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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.		
/s/ Julia AnneOverstreet	Julia AnneOverstreet,	6/4/2012
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.		