

1.) CORPORATION NAME:

DUE DATE: **7/31/2013**

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

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:	JULIA ANNE OVERSTREET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	2902 CROSSING COURT SUITE 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 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: 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: JENNIFER KIRKLAND TITLE: ASST SECRETARY ADDRESS: 2902 CROSSING COURT CITY/ST/ZIP/CO: SUITE C CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TINA GEORGY TITLE: ASST SECRETARY ADDRESS: 2902 CROSSING COURT CITY/ST/ZIP/CO: SUITE C CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JENS YAMBERT TITLE: MEDICAL DIRECTO ADDRESS: 2902 CROSSING COURT CITY/ST/ZIP/CO: SUITE C CHAMPAIGN, IL 61822	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEN BRACKENHOFF TITLE: ASST SECRETARY ADDRESS: 2902 CROSSING COURT CITY/ST/ZIP/CO: SUITE C 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 ANNE OVERSTREET SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JULIA ANNE OVERSTREET, SEC/TREAS PRINTED NAME AND CORPORATE TITLE
6/18/2013 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.	