

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

Inter-Industry Conference on Auto Collision Repair

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1877291**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5125 TRILLIUM BLVD.

CITY/ST/ZIP: HOFFMAN ESTATE, IL 60192

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:	JOHN S. VAN ALSTYNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5125 TRILLIUM BLVD.		
CITY/ST/ZIP/CO:	HOFFMAN ESTATES, IL 60192		
NAME:	BRUCE BARES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	477 N. COOPER ROAD		
CITY/ST/ZIP/CO:	GILBERT, AZ 85233		
NAME:	ROLLIE BENJAMIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	MEMBER AT LARGE		
ADDRESS:	6601 SHINGLE CREEK PKWAY #200		
CITY/ST/ZIP/CO:	BROOKLYN CENTER, MN 55430		
NAME:	BRUCE COOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR. AT LARGE		
ADDRESS:	7354 WEST FIRELANDS DRIVE		
CITY/ST/ZIP/CO:	HUDSON, OH 44236		
NAME:	WILLIAM BROWER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	2875 BROWNS BRIDGE ROAD		
CITY/ST/ZIP/CO:	GAINESVILLE, GA 30503		
NAME:	Bruce Cooley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7354 West Firelands Drive		
CITY/ST/ZIP/CO:	Hudson, OH 44236		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELISA QUADROZZI CHAIRMAN 600 GALLERIA PARKWAY, SUITE 770 ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DUSTIN L. WOMBLE SECRETARY 10420 METRIC BLVD. AUSTIN, TX 78758	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J. DEGROCCO DIRECTOR ONE GEICO PLAZA WASHINGTON, DC 20076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS EVANS DIRECTOR ONE STATE FARM PLAZA A-4 BLOOMINGTON, IL 61710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HENDERSON DIRECTOR 5918 MERIDIAN BLVD., SUITE 3 BRIGHTON, MI 48116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH LAURENTINO DIRECTOR 3785 PLACER CORPORATE DRIVE #550 ROCKLIN, CA 95765	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY R. RICHARDSON DIRECTOR 721 LOCKHAVEN HOUSTON, TX 77064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W. ROACH DIRECTOR 1919 TORRANCE BLVD. MAIL STOP: 100-5C-6A TORRANCE, CA 90501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE SCAMBRAY DIRECTOR 4665 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SPEARS DIRECTOR 9800 FREDERICKSBURG ROAD SAN ANTONIO, TX 78288	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE E. TRIPP DIRECTOR 6200 GRAND POINTE DRIVE GRAND BLANC, MI 48439	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARK WOIROL TITLE: DIRECTOR ADDRESS: 100 E. PALATINE ROAD CITY/ST/ZIP/CO: WHEELING, IL 60644	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mark Algie TITLE: DIRECTOR ADDRESS: 3M Center, Bldg. 223-06-N-01 CITY/ST/ZIP/CO: St. Paul , MN 55144	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Keith TITLE: TREASURER ADDRESS: 8400 W. 110th Street CITY/ST/ZIP/CO: Suite 200 Overland Park, KS 66210	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Albert Motta TITLE: DIRECTOR ADDRESS: 2367 Walton Blvd. CITY/ST/ZIP/CO: Auburn Hills, MI 48326	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Christopher Northup TITLE: DIRECTOR ADDRESS: 1407 Foothill Blvd. CITY/ST/ZIP/CO: Suite 242 La Verne, CA 91741	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Perry TITLE: DIRECTOR ADDRESS: 996 Industrial Drive CITY/ST/ZIP/CO: Madison, IN 47250	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Roy Schnepfer TITLE: DIRECTOR ADDRESS: 17878 E. 13 Mile Road CITY/ST/ZIP/CO: Roseville, MN 55126	<input type="checkbox"/> OFFICER <input checked="" 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/ JOHN S. VAN ALSTYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN S. VAN ALSTYNE, PRESIDENT PRINTED NAME AND CORPORATE TITLE
	8/28/2013 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.	