

1.) CORPORATION NAME:

**PROGRAM PRODUCTIONS, INC.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1881087**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100,000
COMB	100,000

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 870 OAK CREEK DRIVE

CITY/ST/ZIP: LOMBARD, IL 60148

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.

<p>NAME: ROBERT E. CARZOLI TITLE: PRESIDENT ADDRESS: 870 OAK CREEK DR. CITY/ST/ZIP/CO: LOMBARD, IL 60148</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH J. CARZOLI TITLE: VICE PRESIDENT ADDRESS: 870 OAK CREEK DR. CITY/ST/ZIP/CO: LOMBARD, IL 60148</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN SPURLOCK TITLE: VICE PRESIDENT ADDRESS: 870 OAK CREEK DR. CITY/ST/ZIP/CO: LOMBARD, IL 60148</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: VITO P LOVERDE TITLE: ASST SECRETARY ADDRESS: 729 SADDLEWOOD DR CITY/ST/ZIP/CO: WAUCONDA, IL 60084</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: GEORGE C. MACKO TITLE: COO ADDRESS: 870 OAK CREEK DR. CITY/ST/ZIP/CO: LOMBARD, IL 60148</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PHYLIS TWARDOWSKI TITLE: SECRETARY ADDRESS: 870 OAK CREEK DR. CITY/ST/ZIP/CO: LOMBARD, IL 60148</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT CARZOLI DIRECTOR 870 OAK CREED DR. LOMBARD, IL 60148	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ VITO P LOVERDE	VITO P LOVERDE, ASST SECRETARY	2/11/2014
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.