

|   |  |       |            |        |           |
|---|--|-------|------------|--------|-----------|
| 1.) CORPORATION NAME:<br><b>Shiel Sexton Company, Inc.</b>  | DUE DATE: <b>8/31/2015</b>   |       |            |        |           |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NATIONAL REGISTERED AGENTS INC<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1904178</b>   |       |            |        |           |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>  | 5.) STOCK INFORMATION  |       |            |        |           |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>IN</b>   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000,000 |
| CLASS   | AUTHORIZED   |       |            |        |           |
| COMMON  | 1,000,000  |       |            |        |           |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 902 N CAPITOL AVE

CITY/ST/ZIP: INDIANAPOLIS, IN 46204

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: KEVIN P HUNT<br>TITLE: COO<br>ADDRESS: 902 N CAPITOL AVE<br>CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204             | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: MICHAEL T DILTS<br>TITLE: CEO<br>ADDRESS: 902 N CAPITOL AVE<br>CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204          | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: DANIEL J MURPHY<br>TITLE: CFO<br>ADDRESS: 902 N CAPITOL AVE<br>CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204          | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: RICHARD E HENNESSEY<br>TITLE: DIRECTOR<br>ADDRESS: 902 N CAPITOL AVE<br>CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204 | <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/ KEVIN P HUNT                                    | KEVIN P HUNT, COO                | 9/8/2015 |
| 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.