

1.) CORPORATION NAME: <b>Morehead Associates, Inc.</b>	DUE DATE: <b>12/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET</b>	SCC ID NO: <b>F1915174</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS		AUTHORIZED			
COMMON	1,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 404 COLUMBIA PLACE  CITY/ST/ZIP: SOUTH BEND, IN 46601	
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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: JOE GRESKOVIAK	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 404 COLUMBIA PLACE				
CITY/ST/ZIP/CO: SOUTH BEND, IN 46601				

NAME: EILEEN KAMERICK	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 404 COLUMBIA PLACE				
CITY/ST/ZIP/CO: SOUTH BEND, IN 46601				

NAME: DEVIN ANDERSON	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 404 COLUMBIA PLACE				
CITY/ST/ZIP/CO: SOUTH BEND, IN 46601				

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/ DEVIN ANDERSON	DEVIN ANDERSON, SECRETARY	11/20/2014
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.