

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005579

**Entity Name:** WOOLPERT, INC.**Current Principal Place of Business:**4454 IDEA CENTER BLVD.  
DAYTON, OH 45430**Current Mailing Address:**4454 IDEA CENTER BLVD.  
ATTN: COLINDA SHIELDS  
DAYTON, OH 45430 US**FEI Number:** 20-1391406**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title        PRESIDENT, DIRECTOR  
Name        FLANNERY, MICHAEL R  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        VP  
Name        CESTNICK, JOHN A  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        VP  
Name        PANDOLI, DAVID S  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        SECRETARY, DIRECTOR  
Name        GRODECKI, PAUL A  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        TREASURER, VP  
Name        HEID, JOSHUA T  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        VP  
Name        SPEARMAN, WILLIAM E  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        VP  
Name        ANDERSON, ERIC F  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

Title        DIRECTOR, VP  
Name        PHIPPS, STEPHEN P  
Address     4454 IDEA CENTER BLVD.  
City-State-Zip: DAYTON OH 45430

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSHUA T. HEID**TREASURER****04/02/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title               DIRECTOR, VP  
Name               AVELLANO, MICHAEL A.  
Address            4454 IDEA CENTER BLVD.  
City-State-Zip:   DAYTON OH 45430

Title               DIRECTOR, CHAIRMAN  
Name               STEWART, GARY L.  
Address            4454 IDEA CENTER BLVD.  
City-State-Zip:   DAYTON OH 45430

Title               DIRECTOR, VP  
Name               ZIEGMAN, DAVID J.  
Address            4454 IDEA CENTER BLVD.  
City-State-Zip:   DAYTON OH 45430

Title               DIRECTOR  
Name               WALKER, HOLLIS A. JR.  
Address            37 SWEETSPIRE DRIVE  
City-State-Zip:   ELGIN SC 29045