2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: BERNARDIN, LOCHMUELLER AND ASSOCIATES, INC.

Current Principal Place of Business:

6200 VOGEL ROAD
EVANSVILLE, IN 47715-4006

Current Mailing Address:

6200 VOGEL ROAD
EVANSVILLE, IN 47715-4006

FEI Number: 35-1455938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	CD
Name	LOCHMUELLER, KEITH
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	SD
Name	WANNEMUEHLER, MATTHEW E
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	DIRECTOR
Name	WATTERS, JASON A
Address	3 OAK DRIVE
City-State-Zip:	MARYVILLE IL 62062

Title	DIRECTOR
Name	LITHERLAND, BRIAN R
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	TD
Name	BOERSTE, DEAN W
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	PD
Name	HINTON, MICHAEL R
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	DIRECTOR
Name	FARVARDIN, DARYOOSH
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	DIRECTOR
Name	CAMACHO, CARL D
Address	3502 WOODVIEW TRACE, SUITE 150
City-State-Zip:	INDIANAPOLIS IN 46268

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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: KEITH LOCHMUELLER — CHIEF EXECUTIVE OFFICER — 04/01/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CERVONE, THOMAS H
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006

Title	ASST. SECRETARY, DIRECTOR
Name	ZIMMER, REBECCA L
Address	6200 VOGEL ROAD
City-State-Zip:	EVANSVILLE IN 47715-4006