

1.) CORPORATION NAME: KAESER COMPRESSORS, INC.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LAURIE L POULIOT KAESER COMPRESSORS INC 511 SIGMA DR PO BOX 946 FREDERICKSBURG, VA	SCC ID NO: 02045698
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SPOTSYLVANIA COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 511 SIGMA DR

CITY/ST/ZIP: FREDERICKSBURG, VA 22408

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: FRANK R MUELLER	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRES/TREAS				
ADDRESS: PO BOX 946				
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404				

NAME: LAURIE L POULIOT	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VP/SEC				
ADDRESS: P O BOX 946				
CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22404				

NAME: THOMAS KAESER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: POSTFACH 2143				
CITY/ST/ZIP/CO: , , FN				

NAME: TINA-MARIA VLANTOUSSI-KAESER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 26 STRASSE				
CITY/ST/ZIP/CO: COBURG, VA 22404				

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/ LAURIE L POULIOT	LAURIE L POULIOT, VP/SEC	3/25/2013
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.