

1.) CORPORATION NAME:

**KMG America Corporation**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **06096424**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12600 WHITEWATER DRIVE  
SUITE 150

CITY/ST/ZIP: MINNETONKA, MN 55343

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:	GEORGE BAUERNFEIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	GERALD L GANONI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	CHARLES F LAMBERT III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	RALPH M WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JOAN O. LENAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JOSEPH C VENTURA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME: BRUCE BROUSSARD TITLE: DIR/PRES/CEO ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MURRAY TITLE: DIRECTOR ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN MCCULLEY TITLE: INTERIM CFO ADDRESS: 500 WEST MAIN STREET CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER	<input 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/ GEORGE BAUERNFEIND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE BAUERNFEIND, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/5/2013 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.		