

1.) CORPORATION NAME:

The Meuten Companies, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD BURKE MEUTEN
1490-5A QUARTERPATH RD
#363**

SCC ID NO: **06642706**

WILLIAMSBURG, VA 23185

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	2,500
COMBNV	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1490-5A QUARTERPATH RD
#363

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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:	RICHARD BURKE MEUTEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/PRES		
ADDRESS:	1490-5A QUARTERPATH RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	JOHN W GILLIFORD JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3400 COLLEGE BLVD		
CITY/ST/ZIP/CO:	STE 140 LEAWOOD, KS 66211		

NAME:	JEFFRY W WEINER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1211 SOUTH GABLES BLVD		
CITY/ST/ZIP/CO:	WHEATON, IL 60189		

NAME:	JAMES PATRICK FUREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15901 PRIMROSE TARRY DR		
CITY/ST/ZIP/CO:	MOSELEY, VA 23120		

NAME:	DIANA B MEUTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1490-5A QUARTERPATH RD		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	SUSAN K WEINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1211 SOUTH GABLES BLVD		
CITY/ST/ZIP/CO:	WHEATON, IL 60189		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AUSTIN GRANT MOORE DIRECTOR 433 EAST ASSEMBLY STREET WAYNESVILLE, NC 28786	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES ROBERT MCGUIRE DIRECTOR 421 CEDAR GROVE ROAD RUCKERSVILLE, VA 22968	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK P DEENSIE DIRECTOR 5 ELIZABETH STREET FREETOWN, , SL	<input type="checkbox"/> OFFICER	<input checked="" 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/ RICHARD BURKE MEUTEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD BURKE MEUTEN, CHAIRMAN/PRES PRINTED NAME AND CORPORATE TITLE	12/12/2012 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.			