

1.) CORPORATION NAME:

HILLYARD, INC.

DUE DATE: **2/29/2012**

SCC ID NO: **F0146144**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 909

CITY/ST/ZIP: SAINT JOSEPH, MO 64502-

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: STEPHEN H HUNTER
TITLE: PRESIDENT
ADDRESS: 962 CALLE PRIMERVA
CITY/ST/ZIP/CO: SAN DIEMAS, CA 91773-

OFFICER

DIRECTOR

NAME: ROBERT ROTH
TITLE: PRESIDENT
ADDRESS: 1302 ASHLAND
CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506-

OFFICER

DIRECTOR

NAME: JAMES P CAROLUS
TITLE: VICE PRESIDENT
ADDRESS: 2831 LOVERS LN
CITY/ST/ZIP/CO: ST JOSEPH, MO 64506-

OFFICER

DIRECTOR

NAME: ROBERT C ENSIGN
TITLE: VICE PRESIDENT
ADDRESS: 3505 WOODLAND POINTE DR
CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506-

OFFICER

DIRECTOR

NAME: MARK W HAMPTON
TITLE: VICE PRESIDENT
ADDRESS: 8507 NW LAKEVIEW DR.
CITY/ST/ZIP/CO: PARKVILLE, MO 64152-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M S HILLYARD VICE PRESIDENT 2619 LOVERS LANE SAINT JOSEPH, MO 64505-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL T AMBROSE VP/T/ASSIST SEC 4110 NE 58TH STREET KANSAS CITY, MO 64119-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK J GEORGE VICE PRESIDENT 4405 HUNTER DR SAINT JOSEPH, MO 64506-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN MARTIN VICE PRESIDENT 3401 W. DEVONSHIRE DR. SAINT JOSEPH, MO 64506-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG A ROBERTS VICE PRESIDENT 3514 MITCHELL AVE SAINT JOSEPH, MO 64507-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE R WINDSOR VICE PRESIDENT 6410 S.W. ROGERS RD STEWARTSVILLE, MO 64490-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H ROTH SECRETARY 12759 LAKELAND AVE ST JOSEPH, MO 64506-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REINA M LONG ASST TREASURER 13370 PRAIRIE CREEK PLATTE CITY, MO 64079-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SARAH F BAYER DIRECTOR 4116 HIDDEN VALLEY DR SAINT JOSEPH, MO 64506-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLARK W HAMPTON DIRECTOR 6 ANTILLES DR. SAINT JOSEPH, MO 64506-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES H ROTH TITLE: SECRETARY ADDRESS: 12759 LAKELAND AVE CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE R WINDSOR TITLE: VICE PRESIDENT ADDRESS: 6410 SW ROGERS RD CITY/ST/ZIP/CO: STEWARTSVILLE, MO 64490-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: REINA M LONG TITLE: ASST TREASURER ADDRESS: 13370 PRAIRIE CREEK CITY/ST/ZIP/CO: PLATTE CITY, MO 64079-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CLARK W HAMPTON TITLE: DIRECTOR ADDRESS: 6 ANTILLES DR CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH F BAYER TITLE: DIRECTOR ADDRESS: 4116 HIDDEN VALLEY DR CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506-	<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/ NEIL T AMBROSE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEIL T AMBROSE, VP/T/ASSIST SEC _____ PRINTED NAME AND CORPORATE TITLE
2/22/2012 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.	