

1.) CORPORATION NAME:

HILLYARD, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0146144**

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.

<p>NAME: STEPHEN H HUNTER TITLE: VICE PRESIDENT ADDRESS: 962 CALLE PRIMERVA CITY/ST/ZIP/CO: SAN DIEMAS, CA 91773</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT ROTH TITLE: PRESIDENT ADDRESS: 1302 ASHLAND CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES P CAROLUS TITLE: VICE PRESIDENT ADDRESS: 2831 LOVERS LN CITY/ST/ZIP/CO: ST JOSEPH, MO 64506</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT C ENSIGN TITLE: VICE PRESIDENT ADDRESS: 3505 WOODLAND POINTE DR CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64506</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK W HAMPTON TITLE: VICE PRESIDENT ADDRESS: 8507 NW LAKEVIEW DR. CITY/ST/ZIP/CO: PARKVILLE, MO 64152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: M S HILLYARD TITLE: VICE PRESIDENT ADDRESS: 2619 LOVERS LANE CITY/ST/ZIP/CO: SAINT JOSEPH, MO 64505</p>	<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 12 LINDENWOOD LANE 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. Brett Carolus DIRECTOR 2506 FOREST AVE ST. JOSEPH, MO 64506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. RANDALL ROTH DIRECTOR 12759 LAKELAND DR. ST. JOSEPH, MO 64506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: J. BLAKE ROTH TITLE: DIRECTOR ADDRESS: 12100 SUNSET BLVD CITY/ST/ZIP/CO: COUNTRY CLUB, MO 64505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WILLIAM C GRIMWOOD TITLE: DIRECTOR ADDRESS: 2619 LOVERS LANE CITY/ST/ZIP/CO: ST. JOSEPH, MO 64506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	2/25/2013 DATE
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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.