

1.) CORPORATION NAME:

**HILLYARD, INC.**

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F0146144**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 302 N. 4TH STREET

CITY/ST/ZIP: SAINT JOSEPH, MO 64501

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:	ROBERT ROTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	SAINT JOSEPH, MO 64501		
NAME:	JAMES P CAROLUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	SAINT JOSEPH, MO 64501		
NAME:	ROBERT C ENSIGN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	SAINT JOSEPH, MO 64501		
NAME:	MARK W HAMPTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	ST.JOSEPH, MO 64501		
NAME:	M S HILLYARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	SAINT JOSEPH, MO 64501		
NAME:	STEPHEN H HUNTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	302 N 4TH STREET		
CITY/ST/ZIP/CO:	SAINT JOSEPH, MO 64501		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL T AMBROSE VP/T/ASSIST SEC 302 N 4TH STREET SAINT JOSEPH, MO 64501	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK J GEORGE VICE PRESIDENT 302 N 4TH STREET SAINT JOSEPH, MO 64501	<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:	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:	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:	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:	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:	WILLIAM C GRIMWOOD DIRECTOR 2619 LOVERS LANE ST. 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:	W. RANDALL ROTH DIRECTOR 12759 LAKELAND DR. ST. JOSEPH, MO 64506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. BLAKE ROTH DIRECTOR 12100 SUNSET BLVD COUNTRY CLUB, MO 64505	<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	3/1/2016 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.			