

1.) CORPORATION NAME:

CAPITAL AGRICULTURAL PROPERTY SERVICES, INC.

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

DUE DATE: **1/31/2012**

SCC ID NO: **F0498800**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 801 WARRENVILLE ROAD
SUITE 150

CITY/ST/ZIP: LISLE, IL 60532-

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.

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | ROYCE S BRYANT | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 6750 POPLAR AVE, STE 710 | | |
| CITY/ST/ZIP/CO: | MEMPHIS, TN 38138-7438 | | |

| | | | |
|-----------------|---|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | PHILIP D MORGAN | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 3560 LENOX RD NE, TWO ALLIANCE CENTER, 14 | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30326-1298 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | JURGEN MUHLHAUSER | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 751 BROAD ST, PLAZA, 23 | | |
| CITY/ST/ZIP/CO: | NEWARK, NJ 60532-1396 | | |

| | | | |
|-----------------|------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOHN G NITZ | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 801 WARRENVILLE RD, 00 | | |
| CITY/ST/ZIP/CO: | LISLE, IL 60532-1396 | | |

| | | | |
|-----------------|------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | CHRISTOPHER G JAY | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 801 WARRENVILLE RD, 00 | | |
| CITY/ST/ZIP/CO: | LISLE, IL 60532-1396 | | |

OFFICER DIRECTOR

NAME: CHARLES E ALLISON
TITLE: CHAIRMAN/PRES
ADDRESS: 201 S ORANGE AVE,
CITY/ST/ZIP/CO: ORLANDO, FL 32801-3413

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.

| | | |
|---|--|-------------------|
| <u>/s/ CHARLES E ALLISON</u> | <u>CHARLES E ALLISON,</u> | <u>12/15/2011</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>CHAIRMAN/PRES</u> PRINTED NAME AND CORPORATE TITLE | 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.