

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216510963

1.) CORPORATION NAME:

CURTIS 1000 INC.

DUE DATE: **1/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0533267**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1725 BRECKENRIDGE PKWY
SUITE 500

CITY/ST/ZIP: DULUTH, GA 30096

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: STEVEN C GEIGER OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 1725 BRECKRIDGE PKWY #500
 CITY/ST/ZIP/CO: DULUTH, GA 30096

NAME: GREGORY W JACKSON OFFICER DIRECTOR
 TITLE: VICE PRESIDENT
 ADDRESS: 1725 ROE CREST DRIVE
 CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003

NAME: THOMAS A JOHNSON OFFICER DIRECTOR
 TITLE: VP/TREAS/CFO
 ADDRESS: 1725 ROE CREST DRIVE
 CITY/ST/ZIP/CO: NORTH NANKATO, MN 56003

NAME: ROBERT R MAKELA OFFICER DIRECTOR
 TITLE: ASST TREASURER
 ADDRESS: 1725 ROE CREST DRIVE
 CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003

NAME: SUZANNE M SPELLACY OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 1725 ROE CREST DRIVE
 CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003

NAME: LARRY D LORENZEN OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 1725 ROE CREST DRIVE
 CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003

NAME: GLEN A TAYLOR TITLE: DIRECTOR ADDRESS: 1725 ROE CREST DRIVE CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LARRY D TAYLOR TITLE: DIRECTOR ADDRESS: 1725 ROE CREST DRIVE CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DEBRA L TAYLOR TITLE: DIRECTOR ADDRESS: 1725 ROE CREST DRIVE CITY/ST/ZIP/CO: NORTH MANKATO, MN 56003	<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/ SUZANNE M SPELLACY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUZANNE M SPELLACY, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/25/2016 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.		