

1.) CORPORATION NAME:

Antea USA, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0534612**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5910 RICE CREEK PKWY
SUITE 100

CITY/ST/ZIP: SHOREVIEW, MN 55126

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: ROBERT M KARLS TITLE: PRESIDENT ADDRESS: 5910 RICE CREEK PARKWAY SUITE 100 CITY/ST/ZIP/CO: SHOREVIEW, MN 55126</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RAIMOND BAUMANS TITLE: VICE PRESIDENT ADDRESS: 500 SUMMIT LAKE DRIVE SUITE 150 CITY/ST/ZIP/CO: VALHALLA, NY 10595</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHNNIE HO TITLE: VICE PRESIDENT ADDRESS: 8008 CORPORATE CENTER DRIVE SUITE 100 CITY/ST/ZIP/CO: CHARLOTTE, NC 28226</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM MACDONALD TITLE: VICE PRESIDENT ADDRESS: 2065 SIDEWINDER DRIVE SUITE 201 CITY/ST/ZIP/CO: PARK CITY, UT 84060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROSANNA OUELLETTE TITLE: VICE PRESIDENT ADDRESS: 5910 RICE CREEK PARKWAY SUITE 100 CITY/ST/ZIP/CO: SHOREVIEW, MN 55126</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOHN PLATKO TITLE: VICE PRESIDENT ADDRESS: 1401 MANATEE AVE. WEST SUITE 900 CITY/ST/ZIP/CO: BRADENTON, FL 34205	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN RICKETTS TITLE: VICE PRESIDENT ADDRESS: 150 ST. PETERS, MO 63376 SUITE C CITY/ST/ZIP/CO: ST. PETERS, MO 63376	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GERARD SANDERINK TITLE: DIRECTOR ADDRESS: ANTWERPSEWEG 8 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GARY M WISNIEWSKI TITLE: CEO ADDRESS: 8008 CORPORATE CENTER DR SUITE 100 CITY/ST/ZIP/CO: CHARLOTTE, NC 28226	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAN SKRYPEK TITLE: ASST SECRETARY ADDRESS: 5910 RICE CREEK PARKWAY SUITE 100 CITY/ST/ZIP/CO: SHOREVIEW, MN 55126	<input checked="" type="checkbox"/> OFFICER <input 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/ ROBERT M KARLS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT M KARLS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/9/2014 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.		