

1.) CORPORATION NAME:

SEGA, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KS

DUE DATE: **9/30/2012**

SCC ID NO: **F1050717**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16041 FOSTER
PO BOX 1000

CITY/ST/ZIP: OVERLAND PARK, KS 66085-1000

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:	JOHN W BROWN JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4492 SW RAINTREE RIDGE DRIVE		
CITY/ST/ZIP/CO:	LEE'S SUMMIT, MO 64082		

NAME:	KEVIN R KRAATZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	23005 WEST 207TH STREET		
CITY/ST/ZIP/CO:	SPRING HILL, KS 66083		

NAME:	STEVEN D HINDERLITER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13413 WEST 128TH STREET		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66213		

NAME:	JUDITH A DENNIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	15913 MARTY LANE		
CITY/ST/ZIP/CO:	STILWELL, KS 66085		

NAME:	KATHRYN J WEBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST SEC		
ADDRESS:	20701 W 72TH TERRACE		
CITY/ST/ZIP/CO:	SHAWNEE, KS 66218		

NAME:	CYNTHIA L KEEGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/T		
ADDRESS:	3370 WEST 194TH ST		
CITY/ST/ZIP/CO:	STILWELL, KS 66085		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEREK T JACOBS VICE PRESIDENT 13163 KESSLER OVERLAND PARK, KS 66213	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE J SCHALLER VICE PRESIDENT 10500 W. 149TH STREET OVERLAND PARK, KS 66221	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P WERTHMAN VICE PRESIDENT 1253 SW CROSSING DRIVE LEE, MO 64081	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS R ROGERS VICE PRESIDENT 5452 W. 153RD TERRACE LEAWOOD, KS 66224	<input checked="" type="checkbox"/> OFFICER	<input 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/ CYNTHIA L KEEGAN	CYNTHIA L KEEGAN, CFO/T	9/26/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.