

1.) CORPORATION NAME:

**JOHN L. CORLEY, INC.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1354762**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6030 BANCROFT

CITY/ST/ZIP: ST LOUIS, MO 63109

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: ANN HAWKINS TITLE: VICE PRESIDENT ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TED MILLS TITLE: SECRETARY ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GREG MOULDON TITLE: TREASURER ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT AIKIN TITLE: EXEC VPRESIDENT ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAMELA KOPROWSKI TITLE: DIRECTOR ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAN GIBSON TITLE: PRESIDENT ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS MO, MO 63109</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GLORIA RANSOM TITLE: ASST SECRETARY ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: AMIT PATHAK TITLE: DIRECTOR ADDRESS: 6030 BANCROFT AVE CITY/ST/ZIP/CO: ST LOUIS, MO 63109	<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/ ROBERT AIKIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT AIKIN, EXEC VPRESIDENT PRINTED NAME AND CORPORATE TITLE	9/18/2012 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.		