

1.) CORPORATION NAME:

Sebesta Blomberg & Associates, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1413162**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1450 Energy Park Dr Suite 300

CITY/ST/ZIP: Saint Paul, MN 55108

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: ROBERT COSTELLO TITLE: PRESIDENT ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN A CARLSON TITLE: VICE PRESIDENT ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARYAM PETERS TITLE: VICE PRESIDENT ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ABBE E BJORKLUND TITLE: DIRECTOR ADDRESS: 150 PRESIDENTIAL WAY SUITE 330 CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NATHAN F GERMOLUS TITLE: SECRETARY ADDRESS: 1308 23RD STREET SOUTH CITY/ST/ZIP/CO: FARGO, ND 58103	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID W HARRISON TITLE: DIRECTOR ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RANDY J LORENZ TITLE: DIRECTOR ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TODD GILLES TITLE: CFO ADDRESS: 1450 Energy Park Dr Suite 300 CITY/ST/ZIP/CO: Saint Paul, MN 55108	<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/ TODD GILLES	TODD GILLES, CFO	8/15/2013
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.