

1.) CORPORATION NAME:

KOCH FINANCIAL CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **2/28/2011**

SCC ID NO: **F1414459**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 17550 N PERIMETER DRIVE
SUITE 300

CITY/ST/ZIP: SCOTTSDALE, AZ 85255-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL T. HAERLE	
TITLE:	PRESIDENT	
ADDRESS:	17550 N PERIMETER DRIVE SUITE 300	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANA B. BOURLAND	
TITLE:	ASST SECRETARY	
ADDRESS:	17550 N PERIMETER DRIVE SUITE 300	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN J. FEILMEIER	
TITLE:	ASST TREASURER	
ADDRESS:	17550 N PERIMETER DRIVE SUITE 300	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID MAY	
TITLE:	CEO	
ADDRESS:	17550 N PERIMETER DRIVE SUITE 300	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALEXANDER SNYDER	
TITLE:	SECRETARY	
ADDRESS:	17550 N PERIMETER DRIVE SUITE 300	
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85255-	

NAME: MATT ORR TITLE: TREASURER ADDRESS: 17550 N PERIMETER DRIVE SUITE 300 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CARLA CANTRELL TITLE: ASST SECRETARY ADDRESS: 17550 N PERIMETER DRIVE SUITE 300 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL SALCE TITLE: VICE PRESIDENT ADDRESS: 17550 N PERIMETER DRIVE SUITE 300 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85255-	<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/ CARLA CANTRELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLA CANTRELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/11/2011 DATE
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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.