

1.) CORPORATION NAME:

**The CBE Group, Inc.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1422957**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000,000
COMNV	9,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1309 TECHNOLOGY PARKWAY

CITY/ST/ZIP: CEDAR FALLS, IA 50613

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:	THOMAS R PENALUNA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1309 TECHNOLOGY PARKWAY		
CITY/ST/ZIP/CO:	CEDAR FALLS, IA 50613		

NAME:	ROBERT S KAHLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1309 TECHNOLOGY PARKWAY		
CITY/ST/ZIP/CO:	CEDAR FALLS, IA 50613		

NAME:	DEBRA K REINHARDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1309 TECHNOLOGY PARKWAY		
CITY/ST/ZIP/CO:	CEDAR FALLS, IA 50613		

NAME:	REGAN PENALUNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1309 TECHNOLOGY PARKWAY		
CITY/ST/ZIP/CO:	CEDAR FALLS, IA 50613		

NAME:	BROOKE PENALUNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1309 TECHNOLOGY PARKWAY		
CITY/ST/ZIP/CO:	CEDAR FALLS, IA 50613		

NAME:	Alexandra Penaluna	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1309 Technology Parkway		
CITY/ST/ZIP/CO:	Cedar Falls, IA 50613		

NAME:	Gabrielle Penaluna	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1309 Technology Parkway		
CITY/ST/ZIP/CO:	Cedar Falls, IA 50613		

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 S KAHLER	ROBERT S KAHLER, TREASURER	5/15/2012
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.