

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213538210

1.) CORPORATION NAME:

**Inliner American, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1438532**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 SHAWNEE MISSION PKWY

CITY/ST/ZIP: MISSION WOODS, KS 66205

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: LARRY PURLEE  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 4520 NORTH STATE ROAD 37  
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

NAME: JAMES R EASTER  OFFICER  DIRECTOR  
 TITLE: VP/CFO/TREAS  
 ADDRESS: 1900 SHAWNEE MISSION PARKWAY  
 CITY/ST/ZIP/CO: MISSION WOODS, KS 66205

NAME: STEVEN F CROOKE  OFFICER  DIRECTOR  
 TITLE: SEC/VP  
 ADDRESS: 1900 SHAWNEE MISSION PKWY  
 CITY/ST/ZIP/CO: MISSION WOODS, KS 66205

NAME: CURTIS J SCHMIDT  OFFICER  DIRECTOR  
 TITLE: ASST TREAS  
 ADDRESS: 1900 SHAWNEE MISSION PKWY  
 CITY/ST/ZIP/CO: MISSION WOODS, KS 66205

NAME: MARK M HARRIS  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 4520 NORTH STATE ROAD 37  
 CITY/ST/ZIP/CO: ORLEANS, IN 47452

NAME: KAREN J PENER  OFFICER  DIRECTOR  
 TITLE: ASST TREASURER  
 ADDRESS: 1900 SHAWNEE MISSION PKWY  
 CITY/ST/ZIP/CO: MISSION WOODS, KS 66205

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH A CANTU ASST TREASURER 1900 SHAWNEE MISSION PKWY MISSION WOODS, KS 66205	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALICIA CRANDALL ASST SECRETARY 4520 NORTH STATE ROAD 37 ORLEANS, IN 47452	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENE J ROBICHAUD DIRECTOR 1900 SHAWNEE MISSION PKWY MISSION WOODS, KS 66205	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID D SINGLETON DIRECTOR 1900 SHAWNEE MISSION PKWY MISSION WOODS, KS 66205	<input type="checkbox"/> OFFICER	<input checked="" 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/ CURTIS J SCHMIDT	CURTIS J SCHMIDT, ASST TREAS	8/16/2013
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.