

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213555733

1.) CORPORATION NAME:

Sterling Business Services, Inc. (USED IN VA BY: Sterling Bank Services, Inc.)

DUE DATE: **12/31/2013**

SCC ID NO: **F1451337**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 5108
3010 SANTA FE COURT, MISSOULA, MT 59808

CITY/ST/ZIP: MISSOULA, MT 59806

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:	DAN KESSLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8300 MOUNTAIN HEATHER CT		
CITY/ST/ZIP/CO:	LAS VEGAS, NV 89149		

NAME:	AUDRIE ALLYN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 5108		
CITY/ST/ZIP/CO:	MISSOULA, MT 59806		

NAME:	AMITY PARKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 5108		
CITY/ST/ZIP/CO:	MISSOULA, MT 59806		

NAME:	W C DITCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5108		
CITY/ST/ZIP/CO:	MISSOULA, MT 59806		

NAME:	MICHAEL DRESCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 5108		
CITY/ST/ZIP/CO:	MISSOULA, MT 59806		

NAME:	CON MALEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 5108		
CITY/ST/ZIP/CO:	MISSOULA, MT 59806		

NAME:	RICKY DIXON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3621 Pottsboro Rd, Box 156		
CITY/ST/ZIP/CO:	Denison, TX 75020		

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/ AUDRIE ALLYN	AUDRIE ALLYN, TREASURER	11/19/2013
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.