

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214526435

1.) CORPORATION NAME:

Genex Cooperative, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARK CLARK
13848 UNION CHURCH RD
SUMERDUCK, VA**

SCC ID NO: **F1474446**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 MBC DR
POB 469

CITY/ST/ZIP: SHAWANO, WI 54166-0469

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:	PAUL GREENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	103 GREENES BROOK RD		
CITY/ST/ZIP/CO:	BERLIN, NY 12022-2114		

NAME:	DUANE NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	18152 10TH ST		
CITY/ST/ZIP/CO:	WINTHROP, MN 55396		

NAME:	LAWRENCE ROMUALD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 MBC DR PO BOX 469		
CITY/ST/ZIP/CO:	SHAWANO, WI 54166-0469		

NAME:	RONALD TOTTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5810 HORSESHOE LAKE RD		
CITY/ST/ZIP/CO:	STAFFORD, NY 14143-8513		

NAME:	JIM CROCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	56 STATION RD		
CITY/ST/ZIP/CO:	VALLEY CITY, OH 44280-9513		

NAME:	JON WAYNE DANIELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11108 COUNTRY HWY EE		
CITY/ST/ZIP/CO:	CADOTT, WI 54727		

NAME: PATRICK DUGAN TITLE: DIRECTOR ADDRESS: 1235 N OVERFIELD RD CITY/ST/ZIP/CO: CASA GRANDE, AZ 85194-7040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HARLIN HECHT TITLE: DIRECTOR ADDRESS: 16732 283RD AVE CITY/ST/ZIP/CO: PAYNESVILLE, MN 56362-9412	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD HOUSE TITLE: DIRECTOR ADDRESS: 13977 VINT HILL RD CITY/ST/ZIP/CO: NOKESVILLE, VA 20181-1229	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAY OLSON-MARTZ TITLE: DIRECTOR ADDRESS: 1672 16TH AVE CITY/ST/ZIP/CO: FRIENDSHIP, WI 53934-9517	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BOBBY G ROBERTSON TITLE: DIRECTOR ADDRESS: 701 S MUSKOGEE CITY/ST/ZIP/CO: TAHLEQUAH, OH 74464-4717	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALFRED WANNER, JR TITLE: DIRECTOR ADDRESS: 5800 WANNER RD CITY/ST/ZIP/CO: NARVON, PA 17555-9646	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TED FOSTER TITLE: DIRECTOR ADDRESS: 253 LOWER FOOTE ST CITY/ST/ZIP/CO: MIDDLEBURY, VT 05753-2006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ LAWRENCE ROMUALD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAWRENCE ROMUALD, TREASURER PRINTED NAME AND CORPORATE TITLE	5/22/2014 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.		