

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215523076

1.) CORPORATION NAME:

C.M.G. Agency, Inc.

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1479072**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10843 OLD MILL ROAD

CITY/ST/ZIP: OMAHA, NE 68154-2600

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:	MICHAEL A INTRIERI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10843 OLD MILL ROAD		
CITY/ST/ZIP/CO:	OMAHA, NE 68154-2600		

NAME:	PAUL A PETERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10843 OLD MILL ROAD		
CITY/ST/ZIP/CO:	OMAHA, NE 68154-2600		

NAME:	MARTHA A DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10843 OLD MILL ROAD		
CITY/ST/ZIP/CO:	OMAHA, NE 68154-2600		

NAME:	PAUL A PETERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10843 OLD MILL ROAD		
CITY/ST/ZIP/CO:	OMAHA, NE 68154-2600		

NAME:	ALYSSA BOMBARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	125 STATE STREET, SUITE 3		
CITY/ST/ZIP/CO:	ALBANY, NY 12207		

NAME:	ROBERT A MCFAYDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	10843 OLD MILL ROAD		
CITY/ST/ZIP/CO:	OMAHA, NE 68154-2600		

NAME: GREGORY A WEIDEMAN OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 10843 OLD MILL ROAD
CITY/ST/ZIP/CO: OMAHA, NE 68154-2600

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.

<u>/s/ PAUL A PETERSON</u>	<u>PAUL A PETERSON, VICE</u>	<u>6/16/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.