

1.) CORPORATION NAME:

**CARL WALKER, INC.**

DUE DATE: **9/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

SCC ID NO: **F1523622**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5136 LOVERS LANE STE 200

CITY/ST/ZIP: KALAMAZOO, MI 49002-

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: GARY L CUDNEY  
TITLE: P/CEO/COO/T  
ADDRESS: 5136 LOVERS LANE  
STE 200  
CITY/ST/ZIP/CO: KALAMAZOO, MI 49002-

OFFICER

DIRECTOR

NAME: MICHAEL C ORTLIEB  
TITLE: EXEC VP/SEC  
ADDRESS: 5136 LOVERS LANE  
STE 200  
CITY/ST/ZIP/CO: KALAMAZOO, MI 49002-

OFFICER

DIRECTOR

NAME: GAILIUS A VASONIS  
TITLE: VICE PRESIDENT  
ADDRESS: 5136 LOVERS LANE  
STE 200  
CITY/ST/ZIP/CO: KALAMAZOO, MI 49002-

OFFICER

DIRECTOR

NAME: ROBERT MCGRAW  
TITLE: DIRECTOR  
ADDRESS: C/O KINGSCOTT ASSOC 229 E MICHIGAN STE 335  
CITY/ST/ZIP/CO: KALAMAZOO, MI 49007-

OFFICER

DIRECTOR

NAME: DAVID KENT, CPA  
TITLE: SVP, FIN & ADMIN  
ADDRESS: 5136 LOVERS LANE, STE 200  
CITY/ST/ZIP/CO: KALAMAZOO, MI 49002-

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIM D CHRISTLE		
TITLE:	SVP, SWNPS		
ADDRESS:	2801 NETWORK BLVD		
	SUITE 101		
CITY/ST/ZIP/CO:	FRISCO, TX 75034-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW Q INMAN		
TITLE:	VICE PRESIDENT		
ADDRESS:	950 W ELLIOT RD		
	SUITE 107		
CITY/ST/ZIP/CO:	TEMPE, AZ 85284-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT C MCCONNELL		
TITLE:	VICE PRESIDENT		
ADDRESS:	2460 W 26TH AVE		
	SUITE 500C		
CITY/ST/ZIP/CO:	DENVER, CO 80211-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOEY D ROWLAND		
TITLE:	VICE PRESIDENT		
ADDRESS:	14045 BALLANTYNE CORP PL		
	SUITE 380		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MIKE SUMMERS		
TITLE:	DIRECTOR		
ADDRESS:	5136 LOVERS LANE		
	SUITE 200		
CITY/ST/ZIP/CO:	KALAMAZOO, MI 49002-		

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/ DAVID KENT, CPA</u>	<u>DAVID KENT, CPA, SVP, FIN &amp; ADMIN</u>	<u>9/28/2010</u>
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.