

1.) CORPORATION NAME:

Faith Technologies, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1567587**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 MAIN ST.

CITY/ST/ZIP: MENASHA, WI 54954-

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: RICHARD SCHINKE JR
TITLE: PRESIDENT
ADDRESS: N7991 CARRIAGE COURT
CITY/ST/ZIP/CO: SHERWOOD, WI 54169-

OFFICER

DIRECTOR

NAME: HEATH LUEDTKE
TITLE: VICE PRESIDENT
ADDRESS: W7220 PHILLIPS RD
CITY/ST/ZIP/CO: PARDEEVILLE, WI 53954-

OFFICER

DIRECTOR

NAME: DANIEL SIEBERS
TITLE: VICE PRESIDENT
ADDRESS: 163 HARMSSEN AVE
CITY/ST/ZIP/CO: WAUPUN, WI 53963-

OFFICER

DIRECTOR

NAME: SANDRA WELTER
TITLE: SECRETARY
ADDRESS: 149 ST MARYS PLACE
CITY/ST/ZIP/CO: KAUKAUNA, WI 54130-

OFFICER

DIRECTOR

NAME: JOHN W CASBURN, JR
TITLE: ASST SECRETARY
ADDRESS: 18913 JACKSON CIRCLE CT
CITY/ST/ZIP/CO: INDEPENDENCE, MO 64057-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN T DAVIS ASST SECRETARY 2009 SURREY LANE HARRISON, AR 72601-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROLAND STEPHENSON CEO N7797 LAKESHORE LANE SHERWOOD, WI 54169-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH F FRANZOI, IV DIRECTOR 514 RACINE ST MENASHA, WI 54952-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL O GEHL DIRECTOR 203 S. 10TH ST HILBERT, WI 54129-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM P LOVE DIRECTOR 10400 HOWE LANE LEAWOOD, KS 66206-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY C MADDOX DIRECTOR 3243 W. 138TH TERRACE LEAWOOD, KS 66224-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID VANDER ZANDEN DIRECTOR W6316 DESIGN DR GREENVILLE, WI 54942-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE VAN DER LINDEN COO 1023 SPRINGFIELD DR DEPERE, WI 54115-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JANSEN EXEC VP N4671 MUDCREEK RD STOCKBRIDGE, WI 53088-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRYL BETRO REGIONAL VP 8084 LAKE RD STEVENS POINT, WI 54481-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JAHNER REGIONAL VP 2671 W. WHITNEY ST OLATHE, KS 60661-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT DAKOVICH REGIONAL VP 424 CANDLEWICK CT DELAFIELD, WI 53018-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD MERBACH REGIONAL VP W196 CLANCY LAMERS RD KAUKAUNA, WI 54130-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD STACHOWIAK CFO/TREASURER 613 E CASTLEBURY LANE APPLETON, WI 54913-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS D CLARK CHIEF REVENUE W2932 SPRINGFIELD DR APPLETON, WI 54915-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK BROCK VICE PRESIDENT 125 BRANDON LN NEWNAN, GA 30265-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE KUEHNL VICE PRESIDENT 1698 GOLDBECK CT APPLETON, WI 54914-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLIE FREDERICKSON VICE PRESIDENT 2425 WOODLAND TER NEENAH, WI 54956-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KLEIN VICE PRESIDENT 165 SUNNYDALE DR. ROGERSVILLE, MO 65742-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM BROMAN ASST SECRETARY 501 FAWNWOOD DR WRIGHTSTOWN, WI 54180-	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ DONALD STACHOWIAK</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DONALD STACHOWIAK, CFO/TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>11/14/2011</u> DATE
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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.