

1.) CORPORATION NAME:

CU Direct Corporation

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

DUE DATE: **9/30/2011**

SCC ID NO: **F1600818**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2855 E GUASTI ROAD
STE 500

CITY/ST/ZIP: ONTARIO, CA 91761-

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: ANTHONY BOUTELLE
TITLE: PRES/CEO
ADDRESS: 2855 E GUASTI ROAD
STE 500
CITY/ST/ZIP/CO: ONTARIO, CA 91761-

OFFICER

DIRECTOR

NAME: KIP HAAS
TITLE: EVP
ADDRESS: 2855 E GUASTI ROAD
STE 500
CITY/ST/ZIP/CO: ONTARIO, CA 91761-

OFFICER

DIRECTOR

NAME: CRAIG MONTESANTI
TITLE: SVP/CFO
ADDRESS: 2855 E GUASTI ROAD
STE 500
CITY/ST/ZIP/CO: ONTARIO, CA 91761-

OFFICER

DIRECTOR

NAME: JERALD NEEMANN
TITLE: CSO
ADDRESS: 2855 E GUASTI ROAD
STE 500
CITY/ST/ZIP/CO: ONTARIO, CA 91761-

OFFICER

DIRECTOR

NAME: BARRY JOLETTE TITLE: DIRECTOR ADDRESS: 350 CONVENTION WAY CITY/ST/ZIP/CO: REDWOOD CITY, CA 94063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVE REYNOLDS TITLE: DIRECTOR ADDRESS: 16211 LA CANTERA PKWY CITY/ST/ZIP/CO: SAN ANTONIO, TX 78256-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY WILSON TITLE: DIRECTOR ADDRESS: 1000 ST. ALBANS DR. CITY/ST/ZIP/CO: RALEIGH, NC 27609-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HENRY WIRZ TITLE: DIRECTOR ADDRESS: 3720 MADISON AVE. CITY/ST/ZIP/CO: NORTH HIGHLANDS, CA 95660-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARGE MCNAUGHT TITLE: DIRECTOR ADDRESS: 19867 PRAIRIE ST CITY/ST/ZIP/CO: CHATSWORTH, CA 91311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOE BRANCUCCI TITLE: CHAIRMAN ADDRESS: 711 E. HENDERSON AVE. CITY/ST/ZIP/CO: TAMPA, FL 33672-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DIANA DYKSTRA TITLE: DIRECTOR ADDRESS: 2855 E. GUASTI RD., STE. 600 CITY/ST/ZIP/CO: ONTARIO, CA 91761-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN LUND TITLE: VICE CHAIRMAN ADDRESS: 1344 WEST 4675 SOUTH CITY/ST/ZIP/CO: RIVERDALE, UT 84405-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFF MARCH TITLE: DIRECTOR ADDRESS: 520 EAGLEVIEW BLVD. CITY/ST/ZIP/CO: EXTON, PA 19341-	<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/ CRAIG MONTESANTI	CRAIG MONTESANTI, SVP/CFO	9/27/2011
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.