

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

**Larry Gordon Agency, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1610932**

**NATIONAL CORPORATE RESEARCH, LTD.  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 233 N MICHIGAN AVE STE 2450  
CITY/ST/ZIP: CHICAGO, IL 60601

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.

<p>NAME: THOMAS BRAGIEL TITLE: PRESIDENT ADDRESS: 233 N MICHIGAN AVE STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES S CAPONE TITLE: VICE PRESIDENT ADDRESS: 233 N MICHIGAN AVE STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: NORINE E MEISTER TITLE: DIRECTOR ADDRESS: 233 N MICHIGAN AVE STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES BRAGIEL TITLE: DIRECTOR ADDRESS: 233 N MICHIGAN AVE STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Thomas Bragiel TITLE: treasurer ADDRESS: 233 N Michigan Ave Ste 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT VLADDEM TITLE: DIRECTOR ADDRESS: 233 N. MICHIGAN AVE., STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: LARRY GRAPETHIN TITLE: VICE PRESIDENT ADDRESS: 233 N. MICHIGAN AVE., STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL SMRT TITLE: VICE PRESIDENT ADDRESS: 233 N. MICHIGAN AVE., STE 2450 CITY/ST/ZIP/CO: CHICAGO, IL 60601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ THOMAS BRAGIEL	THOMAS BRAGIEL, PRESIDENT	10/23/2013
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.