

1.) CORPORATION NAME:

**Staley Data Services, Inc. (USED IN VA BY:STALEY, INC.)**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1629007**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	1,000
COMANV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3400 J E DAVIS DR

CITY/ST/ZIP: LITTLE ROCK, AR 72209

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: BRENT E STALEY TITLE: PRESIDENT ADDRESS: 3400 J E DAVIS DR CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY G FERRELL TITLE: VICE PRESIDENT ADDRESS: 3400 J E DAVIS DR CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JON WATSON TITLE: VICE PRESIDENT ADDRESS: 3400 JE DAVIS DRIVE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHARLES A BOYD TITLE: CFO ADDRESS: 3400 J E DAVIS DR CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRENDA K HARPER TITLE: SECRETARY ADDRESS: 3400 J.E. DAVIS DR CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DON WILBORNE TITLE: CRO ADDRESS: 3400 J E DAVIS DRIVE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JERRY DAMEROW TITLE: DIRECTOR ADDRESS: 3 PIEDMONT CIRCLE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MILLER TITLE: DIRECTOR ADDRESS: 47 DU CLAIR CT CITY/ST/ZIP/CO: LITTLE ROCK, AR 72223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J THOMAS PURIFOY TITLE: DIRECTOR ADDRESS: 1017 STATE BLVD CITY/ST/ZIP/CO: FRANKLIN, TN 37064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROYCE E STALEY, JR TITLE: DIRECTOR ADDRESS: 3400 J. E. DAVOS DRIVE CITY/ST/ZIP/CO: LITTLE ROCK, AR 72209	<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/ BRENDA K HARPER	BRENDA K HARPER, SECRETARY	3/11/2013
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.		