

1.) CORPORATION NAME:

**DUCKS UNLIMITED, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1639576**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 WATERFOWL WAY

CITY/ST/ZIP: MEMPHIS, TN 38120

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: JOHN W NEWMAN TITLE: PRESIDENT ADDRESS: 1001 OCHSHER BLVD SUITE 200 CITY/ST/ZIP/CO: COVINGTON, LA 70433	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE DUNKLIN, JR TITLE: VICE PRESIDENT ADDRESS: 620 E 22ND STREET SUITE 206 CITY/ST/ZIP/CO: STUTTGART, AR 72160	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JIM FLOOD TITLE: ASST SECRETARY ADDRESS: ONE WATERFOWL WAY CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT S HESTER TITLE: TREASURER ADDRESS: DELOITTE LLP 100 PEABODY PLACE, #800 CITY/ST/ZIP/CO: MEMPHIS, TN 38103	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RANDY L GRAVES TITLE: ASST TREASURER ADDRESS: ONE WATERFOWL WAY CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DALE HALL TITLE: CEO ADDRESS: ONE WATERFOWL WAY CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOHN R POPE TITLE: CHAIR OF BOARD ADDRESS: 3866 MARINE PLACE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DAN THIEL TITLE: EXEC SECRETARY ADDRESS: ONE WATERFOWL WAY CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<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/ RANDY L GRAVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RANDY L GRAVES, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/24/2012 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.