

1.) CORPORATION NAME:

**Stahlman Group, Inc.**

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

SCC ID NO: **F1642893**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5 CHENELL DRIVE

CITY/ST/ZIP: CONCORD, NH 03301-

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: PHILIP G OSTAPOWICZ  
TITLE: PRES/DIR  
ADDRESS: 8020 FORSYTH BLVD  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-

OFFICER

DIRECTOR

NAME: ROBERT P REDMAN  
TITLE: COO  
ADDRESS: 5 CHENELL DRIVE  
CITY/ST/ZIP/CO: CONCORD, NH 03301-

OFFICER

DIRECTOR

NAME: GREGORY L COONROD  
TITLE: VICE PRESIDENT  
ADDRESS: 8020 FORSYTH BLVD.  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-

OFFICER

DIRECTOR

NAME: RICHARD U CROSS  
TITLE: VICE PRESIDENT  
ADDRESS: 5 CHENELL DRIVE  
CITY/ST/ZIP/CO: CONCORD, NH 03301-

OFFICER

DIRECTOR

NAME: DAVID M GIANINI  
TITLE: VICE PRESIDENT  
ADDRESS: 8020 FORSYTH BLVD.  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63105-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER A. CIOCC, P.E., S.E. PRESIDENT 5 CHENELL DRIVE CONCORD, NH 03301-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN R GILMAN PRESIDENT 5 CHENELL DRIVE CONCORD, NH 03301-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY L MCKENNEY, P.E. PRESIDENT 5 CHENELL DRIVE CONCORD, NH 03301-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL P. MORIN, AIA PRESIDENT 5 CHENELL DRIVE CONCORD, VA 03301-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W LAWSON PRESIDENT 8020 FORSYTH BLVD ST LOUIS, MO 63105-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G CHAPMAN PRESIDENT 8020 FORSYTH BLVD ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH D. WILHELM MANAGING PARTNE 8020 FORSYTH BLVD. ST. LOUIS, MO 63105-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S. WITTLIFF VICE PRESIDENT 5 CHENELL DRIVE CONCORD, NH 03301-	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D ZACCARELLO TREASURER 8020 FORSYTH BLVD ST LOUIS, MO 63105-	<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.					
/s/ MICHAEL D ZACCARELLO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL D ZACCARELLO, TREASURER PRINTED NAME AND CORPORATE TITLE	9/27/2011 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.					