

1.) CORPORATION NAME:

Stahlman Group, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD
GLEN ALLEN, VA 23060**

SCC ID NO: **F1642893**

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.

<p>NAME: CHRISTOPHER A. CIOCC, P.E., S.E. TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN R GILMAN TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY L MCKENNEY, P.E. TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL P. MORIN, AIA TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, VA 03301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PHILIP G OSTAPOWICZ TITLE: PRES/DIR ADDRESS: 8020 FORSYTH BLVD CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT G CHAPMAN TITLE: CEO ADDRESS: 8020 FORSYTH BLVD CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JAMES W LAWSON TITLE: SECRETARY ADDRESS: 8020 FORSYTH BLVD CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID S. WITTLIFF TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY L COONROD TITLE: VICE PRESIDENT ADDRESS: 8020 FORSYTH BLVD. CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD U CROSS TITLE: VICE PRESIDENT ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID M GIANINI TITLE: VICE PRESIDENT ADDRESS: 8020 FORSYTH BLVD. CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL D ZACCARELLO TITLE: TREASURER ADDRESS: 8020 FORSYTH BLVD CITY/ST/ZIP/CO: ST LOUIS, MO 63105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH D. WILHELM TITLE: MANAGING PARTNE ADDRESS: 8020 FORSYTH BLVD. CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT P REDMAN TITLE: COO ADDRESS: 5 CHENELL DRIVE CITY/ST/ZIP/CO: CONCORD, NH 03301	<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
9/23/2012 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.	