

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214550311

1.) CORPORATION NAME:

Shive-Hattery, Inc.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1653189**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 316 SECOND ST SE, SUITE 500
P O BOX 1599

CITY/ST/ZIP: CEDAR RAPIDS, IA 52401

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES A LEE	
TITLE:	PRES/DIR	
ADDRESS:	316 SECOND ST SE, SUITE 500	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52401	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK ANDERSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	2103 EASTLAND DRIVE	
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61704	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL L KAMMERER	
TITLE:	VICE PRESIDENT	
ADDRESS:	1601 48TH ST STE 200	
CITY/ST/ZIP/CO:	WEST DES MONIES, IA 50266	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MYRON K SCHEIBE	
TITLE:	VICE PRESIDENT	
ADDRESS:	1701 RIVER DRIVE	
CITY/ST/ZIP/CO:	MOLINE, IL 61265	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PHILLIP S LARSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	2834 NORTHGATE DRIVE	
CITY/ST/ZIP/CO:	IOWA CITY, IA 52245	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHAWN LUETH	
TITLE:	VICE PRESIDENT	
ADDRESS:	316 2ND ST SE, STE 500	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52401	

NAME: WAYNE MARTH TITLE: VICE PRESIDENT ADDRESS: 3025 HIGHLAND PARKWAY, STE 140 CITY/ST/ZIP/CO: DOWNERS GROVE, IL 60515	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SPERO VALAVANIS TITLE: VICE PRESIDENT ADDRESS: 57 FRANKLIN CITY/ST/ZIP/CO: VALAPARAISO, IN 46383	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JACOB G YOUNG TITLE: SEC/TREAS ADDRESS: 316 SECOND ST SE, SUITE 500 CITY/ST/ZIP/CO: CEDAR RAPIDS, IA 52401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT BIENIUS TITLE: DIRECTOR ADDRESS: 1601 48TH ST, STE 200 CITY/ST/ZIP/CO: WEST DES MOINES, IL 50266	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN W BRASE TITLE: DIRECTOR ADDRESS: 1601 48TH ST, STE 200 CITY/ST/ZIP/CO: WEST DES MOINES, IA 50266	<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/ JAMES A LEE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES A LEE, PRES/DIR PRINTED NAME AND CORPORATE TITLE	11/18/2014 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.		