

1.) CORPORATION NAME:

**North Pointe Financial Services, Inc.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1663725**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000
PREFER	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 28819 FRANKLIN RD

CITY/ST/ZIP: SOUTHFIELD, MI 48034-

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: PETER MALONEY  
TITLE: SECRETARY  
ADDRESS: WALL STREET PLAZA  
88 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: ROBERT FRANZINO  
TITLE: TREASURER  
ADDRESS: WALL STREET PLAZA  
88 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: JOHN RUMPLER  
TITLE: PRESIDENT  
ADDRESS: WALL STREET PLAZA  
88 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: JENNIFER VERNON  
TITLE: ASST SECRETARY  
ADDRESS: ONE GENERAL DRIVE  
CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596-

OFFICER

DIRECTOR

NAME: FRANCIS O'HALLORAN  
TITLE: DIRECTOR  
ADDRESS: WALL STREET PLAZA  
88 PINE STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES FIORE DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER FISH DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ JENNIFER VERNON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JENNIFER VERNON, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/11/2011</u> 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.