

1.) CORPORATION NAME:

**North Pointe Financial Services, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1663725**

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:

**VA**

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:	JOHN RUMPLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	PETER MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	JENNIFER VERNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE GENERAL DRIVE SUN PRAIRIE, WI 53596		
CITY/ST/ZIP/CO:			
NAME:	ROBERT FRANZINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	JAMES FIORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	CHRISTOPHER FISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			

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

NAME:	FRANCIS O'HALLORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA		
CITY/ST/ZIP/CO:	88 PINE STREET NEW YORK, NY 10005		

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/ JENNIFER VERNON	JENNIFER VERNON, ASST	4/12/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.