

1.) CORPORATION NAME:

GRADIENT INSURANCE BROKERAGE, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC**
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203

DUE DATE: **8/31/2011**

SCC ID NO: **F1679358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4570 CHURCHILL ST
STE 100

CITY/ST/ZIP: SHOREVIEW, MN 55126-

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 type="checkbox"/> DIRECTOR
NAME:	TAMI LUCIUS	
TITLE:	PRESIDENT	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TAMI LUCIUS	
TITLE:	DIRECTOR	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TAMI LUCIUS	
TITLE:	CEO	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT NELSON	
TITLE:	DIRECTOR	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT NELSON		
TITLE:	SECRETARY		
ADDRESS:	4570 CHURCHILL ST STE 100		
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NICHOLAS STOVALL		
TITLE:	TREASURER		
ADDRESS:	4570 CHURCHILL ST STE 100		
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTHONY COMPTON		
TITLE:	DIRECTOR		
ADDRESS:	4570 CHURCHILL ST STE 100		
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-		

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/ TAMI LUCIUS</u>	<u>TAMI LUCIUS, PRESIDENT</u>	<u>11/4/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.