

1.) CORPORATION NAME:

CHURCH ASSET MANAGEMENT, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1679366**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COME	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1500 WALL ST.

CITY/ST/ZIP: ST CHARLES, MO 63303

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: KERMIT M STARNES TITLE: PRESIDENT ADDRESS: 1500 WALL ST CITY/ST/ZIP/CO: ST CHARLES, MO 63303</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK JOOS TITLE: TREASURER ADDRESS: 1111 ASHWORTH RD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS FARR TITLE: SECRETARY ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: W DES MOINES, IA 50265</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARQ JAMES TITLE: CEO ADDRESS: 1111 ASHWORTH RD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES D WALLACE TITLE: CHAIRMAN ADDRESS: 1111 AHSWORTH RD CITY/ST/ZIP/CO: WEST DES MONIES, IA 50265</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SARAH BUCKLEY TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BRIAN HUGHES TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT REDDIG TITLE: DIRECTOR ADDRESS: 1111 ASHWORTH ROAD CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265	<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.

/s/ THOMAS FARR	THOMAS FARR, SECRETARY	8/1/2013
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.