

1.) CORPORATION NAME:

**CHURCH ASSET MANAGEMENT, INC.**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
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.

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

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

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

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	7/11/2014
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.