

1.) CORPORATION NAME:

**Strong Technical Services, Inc.**

DUE DATE: **1/31/2011**

SCC ID NO: **F1693904**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 MCKINLEY STREET

CITY/ST/ZIP: OMAHA, NE 68112-

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: CHRIS STARK  
TITLE: VICE PRESIDENT  
ADDRESS: 4350 MCKINLEY ST  
CITY/ST/ZIP/CO: OMAHA, NE 68112-

OFFICER

DIRECTOR

NAME: ALVIN ABRAMSON  
TITLE: DIRECTOR  
ADDRESS: 4350 MCKINLEY ST  
CITY/ST/ZIP/CO: OMAHA, NE 68113-

OFFICER

DIRECTOR

NAME: GARY CAVEY  
TITLE: PRESIDENT  
ADDRESS: 4350 MCKINLEY STREET  
CITY/ST/ZIP/CO: OMAHA, NE 68112-

OFFICER

DIRECTOR

NAME: CHRIS BEACH  
TITLE: DIRECTOR  
ADDRESS: 4350 MCKINLEY STREET  
CITY/ST/ZIP/CO: OMAHA, NE 68112-

OFFICER

DIRECTOR

NAME: MARK LEBARON  
TITLE: DIRECTOR  
ADDRESS: 4350 MCKINLEY STREET  
CITY/ST/ZIP/CO: OMAHA, NE 68112-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK HASEBROOCK DIRECTOR 4350 MCKINLEY STREET OMAHA, NE 68112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN SCHUSTER DIRECTOR 4350 MCKINLEY STREET OMAHA, NE 68112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM WELSH DIRECTOR 4350 MCKINLEY STREET OMAHA, NE 68112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN HERRMANN SEC/TREAS 4350 MCKINLEY STREET OMAHA, NE 68112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

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/ KEVIN HERRMANN	KEVIN HERRMANN, SEC/TREAS	1/5/2011
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.