

1.) CORPORATION NAME:

Strong Technical Services, Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1693904**

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: GARY CAVEY TITLE: PRESIDENT ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS STARK TITLE: VICE PRESIDENT ADDRESS: 4350 MCKINLEY ST CITY/ST/ZIP/CO: OMAHA, NE 68112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARY CARSTENS TITLE: SEC/TREAS ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALVIN ABRAMSON TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY ST CITY/ST/ZIP/CO: OMAHA, NE 68113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRIS BEACH TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK HASEBROOCK TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARK LEBARON TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN SCHUSTER TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM WELSH TITLE: DIRECTOR ADDRESS: 4350 MCKINLEY STREET CITY/ST/ZIP/CO: OMAHA, NE 68112	<input type="checkbox"/> OFFICER	<input checked="" 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/ MARY CARSTENS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY CARSTENS, SEC/TREAS PRINTED NAME AND CORPORATE TITLE	4/30/2012 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.		