

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214502005

1.) CORPORATION NAME:

Strong Technical Services, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET**

SCC ID NO: **F1693904**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13710 FNB PARKWAY
STE 400

CITY/ST/ZIP: OMAHA, NE 68154

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13710 FNB PARKWAY		
	STE 400		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	DAVE ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13710 FNB PARKWAY		
	STE 400		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	RAY BOEGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13710 FNB PARKWAY		
	STE 400		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	CHRIS STARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13710 FNB PARKWAY		
	STE 400		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME:	MARY CARSTENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	13710 FNB PARKWAY		
	STE 400		
CITY/ST/ZIP/CO:	OMAHA, NE 68154		

NAME: WILLIAM WELSH II TITLE: CHAIRMAN ADDRESS: 13710 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SAMUEL FREITAG TITLE: DIRECTOR ADDRESS: 13710 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK HASEBROOCK TITLE: DIRECTOR ADDRESS: 13710 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK LEBARON TITLE: DIRECTOR ADDRESS: 13710 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DONDE PLOWMAN TITLE: DIRECTOR ADDRESS: 13701 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES SHAY TITLE: DIRECTOR ADDRESS: 13710 FNB PARKWAY STE 400 CITY/ST/ZIP/CO: OMAHA, NE 68154	<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/ GARY CAVEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY CAVEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/30/2013 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.		