

1.) CORPORATION NAME:

**Ausdal Financial Partners, Inc.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NORTHWEST REGISTERED AGENT LLC  
4445 CORPORATION LN STE 264  
VIRGINIA BEACH, VA 23462**

SCC ID NO: **F1730847**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 220 N MAIN ST STE 400

CITY/ST/ZIP: DAVENPORT, IA 52801

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: ROBERT B AUSDAL JR<br/>TITLE: PRESIDENT<br/>ADDRESS: 220 N MAIN ST STE 400<br/>CITY/ST/ZIP/CO: DAVENPORT, IA 52801</p>             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: JAMES J SIMPSON<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 220 N MAIN STREET<br/>SUITE 400<br/>CITY/ST/ZIP/CO: DAVENPORT, IA 52801</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: MONICA AUSDAL<br/>TITLE: SECRETARY<br/>ADDRESS: 220 N MAIN ST STE 400<br/>CITY/ST/ZIP/CO: DAVENPORT, IA 52801</p>                  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: David Roberts<br/>TITLE: DIRECTOR<br/>ADDRESS: 220 N. Main St.<br/>Ste 400<br/>CITY/ST/ZIP/CO: Davenport, IA 52801</p>             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: John Hicks<br/>TITLE: DIRECTOR<br/>ADDRESS: 220 N. Main St.<br/>Ste 400<br/>CITY/ST/ZIP/CO: Davenport, IA 52801</p>                | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: Thomas Hopkins<br/>TITLE: DIRECTOR<br/>ADDRESS: 220 N. Main St.<br/>Ste 400<br/>CITY/ST/ZIP/CO: Davenport, IA 52801</p>            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                                |                                  |  |
|-----------------|--------------------------------|----------------------------------|--|
| NAME:           | Steve Sawtelle                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                       |                                  |  |
| ADDRESS:        | 220 N. Main St.                |                                  |  |
| CITY/ST/ZIP/CO: | Ste 400<br>Davenport, IA 52801 |                                  |  |

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/ ROBERT B AUSDAL JR                              | ROBERT B AUSDAL JR,              | 3/23/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT                        | DATE      |
|   | PRINTED NAME AND CORPORATE TITLE |           |

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.