

1.) CORPORATION NAME:

**The Management Network Group, Inc.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1736968**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7300 COLLEGE BOULEVARD  
SUITE 302

CITY/ST/ZIP: OVERLAND PARK, KS 66210

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:	THURSTON CROMWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7300 COLLEGE BOULEVARD		
	SUITE 302		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		

NAME:	MICKY K. WOO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE CHAIR		
ADDRESS:	7300 COLLEGE BLVD., SUITE 302		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		

NAME:	DONALD E. KLUMB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO/CFO		
ADDRESS:	7300 COLLEGE BLVD., SUITE 302		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		

NAME:	ROBERT J. CURREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7300 COLLEGE BLVD., SUITE 302		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		

NAME:	A. REZA JAFARI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7300 COLLEGE BOULEVARD		
	SUITE 302		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J. LIPMAN DIRECTOR 7300 COLLEGE BLVD., SUITE 302 OVERLAND PARK, KS 66210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY WILKENS DIRECTOR 7300 COLLEGE BOULEVARD SUITE 302 OVERLAND PARK, KS 66210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER WOODWARD DIRECTOR 7300 COLLEGE BOULEVARD SUITE 302 OVERLAND PARK, KS 66210	<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/ THURSTON CROMWELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THURSTON CROMWELL, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2013 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.			