

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

**Thiele Geotech, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1748872**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13478 CHANDLER ROAD

CITY/ST/ZIP: OMAHA, NE 68138-3716

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: DANIEL J THIELE TITLE: PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS J ANDERSON TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL Fred GERDES TITLE: Senior VicePres ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT E MATLOCK TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J MARC CASTEEL TITLE: VICE PRESIDENT ADDRESS: 2222 NW PARKRIDGE DRIVE CITY/ST/ZIP/CO: ANKENY, IA 50023	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT K LAPKE TITLE: VICE PRESIDENT ADDRESS: 13478 CHANDLER ROAD CITY/ST/ZIP/CO: OMAHA, NE 68138-3716	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARK E EHRHART TITLE: DIRECTOR ADDRESS: 5312 CUMING STREET CITY/ST/ZIP/CO: OMAHA, NE 68132-2126	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT G GRIFFIN TITLE: DIRECTOR ADDRESS: 10536 Y STREET CITY/ST/ZIP/CO: OMAHA, NE 68127-4533	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Scott Kratz TITLE: DIRECTOR ADDRESS: 7202 South 49th Avenue CITY/ST/ZIP/CO: Omaha, NE 68157	<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/ MICHAEL Fred GERDES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL Fred GERDES, Senior VicePres PRINTED NAME AND CORPORATE TITLE	3/25/2013 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.		