

1.) CORPORATION NAME:

Art's-Way Scientific, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1756073**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5556 HIGHWAY 9

CITY/ST/ZIP: ARMSTONG, IA 50514

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: CARRIE L MAJESKI TITLE: PRES/CEO ADDRESS: 5556 HIGHWAY 9 CITY/ST/ZIP/CO: ARMSTRONG, IA 50514</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: FRED KRAHMER TITLE: DIRECTOR ADDRESS: ART'S-WAY MANUFACTURING CO INC 5556 HIGHWAY 9 CITY/ST/ZIP/CO: ARMSTRONG, IA 50514</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JIM LYNCH TITLE: DIRECTOR ADDRESS: ART'S-WAY MANUFACTURING CO INC 5556 HIGHWAY 9 CITY/ST/ZIP/CO: ARMSTRONG, IA 50514</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DOUGLAS MCCLELLAN TITLE: DIRECTOR ADDRESS: ART'S-WAY MANUFACTURING CO INC 5556 HIGHWAY 9 CITY/ST/ZIP/CO: ARMSTRONG, IA 50514</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J WARD MCCONNELL, JR. TITLE: DIRECTOR ADDRESS: ART'S-WAY MANUFACTURING CO INC 5556 HIGHWAY 9 CITY/ST/ZIP/CO: ARMSTRONG, IA 50514</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Marc McConnell TITLE: DIRECTOR ADDRESS: 5556 Highway 9 CITY/ST/ZIP/CO: Armstrong, IA 50514</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tom Buffamante TITLE: DIRECTOR ADDRESS: 5556 Highway 9 CITY/ST/ZIP/CO: Armstrong, IA 50514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Joe Dancy TITLE: DIRECTOR ADDRESS: 5556 Highway 9 CITY/ST/ZIP/CO: Armstrong, IA 50514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ CARRIE L MAJESKI	CARRIE L MAJESKI, PRES/CEO	8/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.