

1.) CORPORATION NAME:

EAST JORDAN IRON WORKS, INC.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1768136**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	200
COMB	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 439
301 SPRING ST

CITY/ST/ZIP: EAST JORDAN, MI 49727

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FREDERICK F MALPASS	
TITLE:	PRESIDENT	
ADDRESS:	301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TRACY K MALPASS	
TITLE:	EXEC VP	
ADDRESS:	301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TAD M MALPASS	
TITLE:	DIRECTOR	
ADDRESS:	301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS M. TESKE	
TITLE:	VICE PRESIDENT	
ADDRESS:	301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM J. LORNE	
TITLE:	SECRETARY	
ADDRESS:	301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	
CITY/ST/ZIP/CO:		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK D POINDEXTER TREASURER 301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FAY E. KEANE ASST TREASURER 301 SPRING ST PO BOX 439 EAST JORDAN, MI 49727	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J MALPASS DIRECTOR 301 SPRING ST PO BOX 439 EATS JORDAN, MI 49727	<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/ WILLIAM J. LORNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM J. LORNE, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/13/2012 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.			