

1.) CORPORATION NAME:

**Hunt Electric Corporation**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
16TH FLOOR, 1111 EAST MAIN STREET  
RICHMOND, VA**

SCC ID NO: **F1772716**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**RICHMOND CITY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	2,500
COMBNV	7,500

4.) STATE OR COUNTRY OF INCORPORATION:  
**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2300 TERRITORIAL ROAD  
CITY/ST/ZIP: ST PAUL, MN 55114

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: MICHAEL HANSON TITLE: P/T ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES J BASARA TITLE: VP/S ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAMONT J HERMAN TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY D HOLMBERG TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CURTIS L SOUTHWARD TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID J NORKOL TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST. PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PATRICK J NICHOLS TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST. PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JAMES M WAGNER TITLE: VICE PRESIDENT ADDRESS: 2300 TERRITORIAL ROAD CITY/ST/ZIP/CO: ST. PAUL, MN 55114	<input checked="" type="checkbox"/> OFFICER	<input 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/ MICHAEL HANSON	MICHAEL HANSON, P/T	9/18/2013
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.