

| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 214514351  |       |            |        |       |      |       |
|--|---|--|-------|------------|--------|-------|------|-------|
| 1.) CORPORATION NAME:<br><b>Professional Resource Development, Inc.</b>  |   | DUE DATE: <b>3/31/2014</b>   |       |            |        |       |      |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>         Bank of America Center, 16th Floor<br/>         1111 East Main Street</b>  |   | SCC ID NO: <b>F1782723</b>   |       |            |        |       |      |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b>  |   | 5.) STOCK INFORMATION<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMANV</td> <td style="text-align: center;">9,000</td> </tr> <tr> <td>COMA</td> <td style="text-align: center;">1,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMANV | 9,000 | COMA | 1,000 |
| CLASS  | AUTHORIZED  |  |       |            |        |       |      |       |
| COMANV   | 9,000   |  |       |            |        |       |      |       |
| COMA   | 1,000   |  |       |            |        |       |      |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>IL</b>  |   |  |       |            |        |       |      |       |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 1200 NETWORK CENTRE DR<br>STE 2<br><br>CITY/ST/ZIP: EFFINGHAM, IL 62401  |   |  |       |            |        |       |      |       |
| 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: RICHARD E WORKMAN, D.M.D.<br>TITLE: PRESIDENT<br>ADDRESS: 1200 NETWORK CENTRE DR_#2<br>CITY/ST/ZIP/CO: EFFINGHAM, IL 62401   | <input checked="" type="checkbox"/> OFFICER   | <input checked="" type="checkbox"/> DIRECTOR   |       |            |        |       |      |       |
| NAME: Jonathan Brumleve<br>TITLE: SECRETARY<br>ADDRESS: 1200 Network Centre Drive<br>CITY/ST/ZIP/CO: Effingham, IL 62401   | <input checked="" type="checkbox"/> OFFICER   | <input 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/ RICHARD E WORKMAN, D.M.D.<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | RICHARD E WORKMAN, D.M.D,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE              | 3/19/2014<br>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. |   |  |       |            |        |       |      |       |