

1.) CORPORATION NAME:

United Indoor Football Association

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT A. LOVING
2101 E. MAIN STREET
RICHMOND, VA 23223**

SCC ID NO: **F1789561**

5.) STOCK INFORMATION

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

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 E MAIN ST

CITY/ST/ZIP: RICHMOND, VA 23223

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.

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| NAME: ROBERT A. LOVING TITLE: COMMISSIONER ADDRESS: 2101 E. MAIN ST CITY/ST/ZIP/CO: RICHMOND, VA 23223 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: CHARLIE BOSSELMAN TITLE: DIRECTOR ADDRESS: 3123 W. STOLLEY PARK RD. P.O. BOX 1567 CITY/ST/ZIP/CO: GRAND ISLAND, NE 68802-1567 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JIM MORRIS TITLE: DIRECTOR ADDRESS: 101 S. MADISON ST. CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TERI CARR TITLE: DIRECTOR ADDRESS: 7016 W. GRANDRIDGE BLVD. CITY/ST/ZIP/CO: KENNEWICK, WA 99336 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MIKE CLARK TITLE: DIRECTOR ADDRESS: 21 N. MAIN ST. SUITE 8 CITY/ST/ZIP/CO: COOPERSBURG, PA 18036 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ART CLARKSON TITLE: DIRECTOR ADDRESS: 1901 S. ONEIDA ST. CITY/ST/ZIP/CO: GREEN BAY, WI 54304 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

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|---|-------------------------------------|----------------------------------|--|
| NAME: | DAVID FLOOD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1055 GOLF RD. | | |
| CITY/ST/ZIP/CO: | HOFFMAN ESTATES, IL 60169 | | |
| NAME: | WINK HARTMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1550 E. 61ST. ST. | | |
| CITY/ST/ZIP/CO: | PARK CITY, KS 67219-1953 | | |
| NAME: | CHRIS KOKALIS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1100 ROCKFORD ROAD, SW | | |
| CITY/ST/ZIP/CO: | CEDAR RAPIDS, IA 52402 | | |
| NAME: | TED LAVENDER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 350 BERN STREET | | |
| CITY/ST/ZIP/CO: | READING, PA 19601 | | |
| NAME: | MICHAEL LAYTON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 123 SO. BEECH | | |
| CITY/ST/ZIP/CO: | CASPER, WY 82601 | | |
| NAME: | JON FRANKEL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 190 E. STACY RD. | | |
| CITY/ST/ZIP/CO: | SUITE 1508 ALLEN, TX 75002 | | |
| NAME: | TODD TRYON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 5000 S. MINNESOTA AVE. | | |
| CITY/ST/ZIP/CO: | SUITE 300 SIOUX FALLS, SD 57108 | | |
| NAME: | TOM WIGLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4812 S. COLLEGE AVE. | | |
| CITY/ST/ZIP/CO: | SUITE 200 FORT COLLINS, CO 80525 | | |
| NAME: | TOM DOWLING | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1607 CALIFORNIA STREET | | |
| CITY/ST/ZIP/CO: | EVERETT, WA 98201 | | |
| NAME: | JERRY DUNN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6245 N. 35TH AVE. | | |
| CITY/ST/ZIP/CO: | SUITE 2 PHOENIX, AZ 85017 | | |
| 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. | | | |

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| <u>/s/ ROBERT A. LOVING</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>ROBERT A. LOVING, COMMISSIONER</u> PRINTED NAME AND CORPORATE TITLE | <u>4/9/2012</u> DATE |
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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.