

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

Indoor Football League

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1789561**

**ROBERT A LOVING
2721 DALKEITH DRIVE
RICHMOND, VA**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2721 DALKEITH DRIVE

CITY/ST/ZIP: RICHMOND, VA 23233

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: ROBERT A. LOVING TITLE: CFO ADDRESS: 2721 DALKEITH DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23233	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TOMMY BENIZIO TITLE: DIRECTOR ADDRESS: 3209 PREMIER DRIVE SUITE 107 CITY/ST/ZIP/CO: PLANO, TX 75075	<input type="checkbox"/> OFFICER	<input checked="" 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: 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: 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
NAME: CHRIS KOKALIS TITLE: DIRECTOR ADDRESS: 1111 Event Center Drive NE CITY/ST/ZIP/CO: Bemidji, MN 56601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL LAYTON TITLE: DIRECTOR ADDRESS: 123 SO. BEECH CITY/ST/ZIP/CO: CASPER, WY 82601	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TODD TRYON TITLE: DIRECTOR ADDRESS: 5000 S. MINNESOTA AVE. CITY/ST/ZIP/CO: SUITE 300 SIOUX FALLS, SD 57108	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TOM WIGLEY TITLE: DIRECTOR ADDRESS: 4812 S. COLLEGE AVE. CITY/ST/ZIP/CO: SUITE 200 FORT COLLINS, CO 80525	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Michael Allshouse TITLE: Commissioner ADDRESS: 243 Cliff Street CITY/ST/ZIP/CO: Wood-Ridge, NJ 07075	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Ken Moninski TITLE: DIRECTOR ADDRESS: 1100 N. 18th Avenue CITY/ST/ZIP/CO: Hiawatha, IA 52233	<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/ ROBERT A. LOVING	ROBERT A. LOVING, CFO	3/18/2014
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.		