

1.) CORPORATION NAME:

**ULTEIG ENGINEERS, INC.**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1792276**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	305,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**ND**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3350 38TH AVE S

CITY/ST/ZIP: FARGO, ND 58104

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.

<p>NAME: ERIC MICHEL TITLE: CEO/PRESIDENT ADDRESS: 3350 38 AVE SOUTH CITY/ST/ZIP/CO: FARGO, ND 58104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN MAAG TITLE: TREASURER ADDRESS: 3350 38 AVE SO CITY/ST/ZIP/CO: FARGO, ND 58104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ARNOLD ANGELONI TITLE: DIRECTOR ADDRESS: W 2077 GROB ROAD CITY/ST/ZIP/CO: SARONA, WI 54870</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHEPHERD PRYOR TITLE: DIRECTOR ADDRESS: 975 NORTH AVE CITY/ST/ZIP/CO: HIGHLAND PARK, IL 60035</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Raymond Hall TITLE: CHRO ADDRESS: 4285 Lexington Ave N CITY/ST/ZIP/CO: St Paul, MN 55126</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Martin Nyman TITLE: CCDO ADDRESS: 4285 Lexington Ave N CITY/ST/ZIP/CO: St Paul, MN 55126</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Jason Hoskins TITLE: COO ADDRESS: 4285 Lexington Ave N CITY/ST/ZIP/CO: St Paul, MN 55126	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Nick Ingolsland TITLE: CIO ADDRESS: 3350 38th Ave So CITY/ST/ZIP/CO: Fargo, ND 58104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Kim Mageau TITLE: DIRECTOR ADDRESS: 13026 170th St N CITY/ST/ZIP/CO: Marine on St Criox, MN 55047-9621	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Chris Flanagan TITLE: Acct. Director ADDRESS: 3350 38th Ave So CITY/ST/ZIP/CO: Fargo, ND 58104	<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/ Chris Flanagan	Chris Flanagan, Acct. Director	6/29/2014
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.		