

1.) CORPORATION NAME:

**Catering by Marlin's Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**C T CORPORATION SYSTEM**

**TCB**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**SD**

DUE DATE: **12/31/2011**

SCC ID NO: **F1810383**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2219 E BENSON ROAD

CITY/ST/ZIP: SIOUX FALLS, SD 57104-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARLIN C SEJNOHA	
TITLE:	PRESIDENT	
ADDRESS:	905 PARKVIEW BOULEVARD	
CITY/ST/ZIP/CO:	BRANDON, SD 57005-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHANIE L RICHTER	
TITLE:	VICE PRESIDENT	
ADDRESS:	230 N DULUTH	
CITY/ST/ZIP/CO:	SIOUX FALLS, SD 57103-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DUSTIN L SEJNOHA	
TITLE:	SECRETARY	
ADDRESS:	2809 W BRANDYWINE CIRCLE	
CITY/ST/ZIP/CO:	SIOUX FALLS, SD 57108-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VALERIE A HEADLEE	
TITLE:	TREASURER	
ADDRESS:	609 W CASCADE STREET	
CITY/ST/ZIP/CO:	SIOUX FALLS, SD 57108-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	AMBER GARRY	
TITLE:	DIRECTOR	
ADDRESS:	504 S TESSA	
CITY/ST/ZIP/CO:	HARTFORD, SD 57033-	

NAME: DARRELL LEENDERTS TITLE: DIRECTOR ADDRESS: 6313 S WICKLOW AVE CITY/ST/ZIP/CO: SIOUX FALLS, SD 57108-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SHANE V SEJNOHA TITLE: DIRECTOR ADDRESS: 2308 S 4TH CITY/ST/ZIP/CO: SIOUX FALLS, SD 57105-	<input type="checkbox"/> OFFICER	<input checked="" 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/ DARRELL LEENDERTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARRELL LEENDERTS, DIRECTOR PRINTED NAME AND CORPORATE TITLE	12/29/2011 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.