

1.) CORPORATION NAME: **REGENCY CORPORATION** DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **REGISTERED AGENT SOLUTIONS, INC.** SCC ID NO: **F1811282**
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	4,150,000
COMBNV	2,800,000
COMCNV	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 UTICA AVE. S
 9TH FLOOR

CITY/ST/ZIP: ST. LOUIS PARK, MN 55416

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: JOSEPH GAYLORD OFFICER DIRECTOR
 TITLE: PRES/CEO
 ADDRESS: 1600 UTICA AVE. S
 9TH FLOOR
 CITY/ST/ZIP/CO: ST. LOUIS PARK, MN 55416

NAME: ANDREA FIKE OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 1600 UTICA AVE. S
 9TH FLOOR
 CITY/ST/ZIP/CO: ST. LOUIS PARK, MN 55416

NAME: J HAYES BATSON OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 1600 UTICA AVE. S
 9TH FLOOR
 CITY/ST/ZIP/CO: ST. LOUIS PARK, MN 55416

NAME: STEPHEN KING OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 191 N WACKER DRIVE
 STE 800
 CITY/ST/ZIP/CO: CHICAGO, IL 60606

NAME: SETH LEHR OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 2929 ARCH ST
 CITY/ST/ZIP/CO: PHILADELPHIA, PA 19104-2868

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/ JOSEPH GAYLORD	JOSEPH GAYLORD, PRES/CEO	12/3/2014
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.