

1.) CORPORATION NAME:

DUE DATE: **2/29/2012**

**CPI QUALIFIED PLAN CONSULTANTS, INC.**

SCC ID NO: **F1814898**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 60,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1809 24TH STREET

CITY/ST/ZIP: GREAT BEND, KS 67530-

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: STEVEN R. SULESKI  
TITLE: SECRETARY  
ADDRESS: 1809 24TH STREET  
CITY/ST/ZIP/CO: GREAT BEND, KS 67530-

OFFICER

DIRECTOR

NAME: RENEE K DYKES  
TITLE: TREASURER  
ADDRESS: 1809 24TH STREET  
CITY/ST/ZIP/CO: GREAT BEND, KS 67530-

OFFICER

DIRECTOR

NAME: KEVIN S. THOMPSON,  
TITLE: PRES/CEO  
ADDRESS: 1809 24TH STREET  
CITY/ST/ZIP/CO: GREAT BEND, KS 67530-

OFFICER

DIRECTOR

NAME: THOMAS R. ECKERT  
TITLE: VICE PRESIDENT  
ADDRESS: 1809 24TH STREET  
CITY/ST/ZIP/CO: GREAT BEND, KS 67530-

OFFICER

DIRECTOR

NAME: ALASTAIR C. SHORE  
TITLE: DIRECTOR  
ADDRESS: 1809 24TH STREET  
CITY/ST/ZIP/CO: GREAT BEND, KS 67530-

OFFICER

DIRECTOR

|  |                                  |  |
|--|----------------------------------|--|
| NAME: ANDREW J. MICHIE,<br>TITLE: DIRECTOR<br>ADDRESS: 1809 24TH STREET<br>CITY/ST/ZIP/CO: GREAT BEND, KS 67530- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

|  |   |                                   |
|--|---|-----------------------------------|
| NAME: ANGELA CAMPBELL<br>TITLE: ASST SECRETARY<br>ADDRESS: 1809 24TH STREET<br>CITY/ST/ZIP/CO: GREAT BEND, KS 67530- | <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.

|   |  |                           |
|---|--|---------------------------|
| <u>/s/ ANGELA CAMPBELL</u><br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>ANGELA CAMPBELL, ASST SECRETARY</u><br>PRINTED NAME AND CORPORATE TITLE | <u>12/14/2011</u><br>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.