

1.) CORPORATION NAME:

CPI QUALIFIED PLAN CONSULTANTS, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1814898**

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.

<p>NAME: Jon L. Prescott TITLE: PRESIDENT ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS R. ECKERT TITLE: VICE PRESIDENT ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN R. SULESKI TITLE: SECRETARY ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANGELA CAMPBELL TITLE: ASST SECRETARY ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: RENEE K DYKES TITLE: TREASURER ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Jason A. Pisarik TITLE: DIRECTOR ADDRESS: 1809 24TH STREET CITY/ST/ZIP/CO: GREAT BEND, KS 67530</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME:	Paul Chong	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1809 24TH STREET		
CITY/ST/ZIP/CO:	GREAT BEND, KS 67530		

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>	ANGELA CAMPBELL, ASST	<u>1/19/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.