

1.) CORPORATION NAME:

HORNER & SHIFRIN, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1889064**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5200 OAKLAND AVE

CITY/ST/ZIP: ST LOUIS, MO 63110

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:	DUANE L SIEGFRIED	
TITLE:	P/T	
ADDRESS:	5200 OAKLAND AVE	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63110-1490	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GENOVEVO E BERNARDEZ, JR	
TITLE:	VICE PRESIDENT	
ADDRESS:	5200 OAKLAND AVE	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63110-1490	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LINDA R HOPKINS	
TITLE:	VP/S	
ADDRESS:	5200 OAKLAND AVE	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63110-1490	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES E MCCLEISH	
TITLE:	VICE PRESIDENT	
ADDRESS:	5200 OAKLAND AVE	
CITY/ST/ZIP/CO:	ST LOUIS, MO 63110-1490	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Banashek	
TITLE:	Assoc Vice Pres	
ADDRESS:	5200 Oakland Avenue	
CITY/ST/ZIP/CO:	St. Louis, MO 63110	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Steven Donahue	
TITLE:	Assoc Vice Pres	
ADDRESS:	640 Pierce Blvd., Suite 200	
CITY/ST/ZIP/CO:	O, IL 62269	

NAME: Brian Heideman TITLE: Assoc Vice Pres ADDRESS: 5200 Oakland Avenue CITY/ST/ZIP/CO: St. Louis, MO 63110	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Robert Summers TITLE: Assoc Vice Pres ADDRESS: 4061 PP Highway, Suite 1 CITY/ST/ZIP/CO: Poplar Bluff, MO 63901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Kevin Skibiski TITLE: Assoc Vice Pres ADDRESS: 4166 W. Kearney CITY/ST/ZIP/CO: Springfield, MO 65803	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Jarrett Jasper TITLE: Assoc Vice Pres ADDRESS: 5200 Oakland Avenue CITY/ST/ZIP/CO: St. Louis, MO 63110	<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/ LINDA R HOPKINS	LINDA R HOPKINS, VP/S	1/29/2013
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.		