

1.) CORPORATION NAME:

Tyonek Manufacturing Group, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1898016**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AK

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1689 C STREET, SUITE 219

CITY/ST/ZIP: ANCHORAGE, AK 99501

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: NEWMAN SHUFFLEBARGER TITLE: PRESIDENT ADDRESS: 229 PALMER ROAD CITY/ST/ZIP/CO: MADISON, AL 35758	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN MASON TITLE: VICE PRESIDENT ADDRESS: 229 PALMER ROAD CITY/ST/ZIP/CO: MADISON, AL 35758	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUZANNE CHANDLER TITLE: ASST SEC/TREAS ADDRESS: 229 PALMER ROAD CITY/ST/ZIP/CO: MADISON, AL 35758	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSANNA L MOON TITLE: SECY/TREAS ADDRESS: 1689 C STREET CITY/ST/ZIP/CO: SUITE 219 ANCHORAGE, AK 99501-5131	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BART K GARBER TITLE: DIRECTOR ADDRESS: 1689 C STREET CITY/ST/ZIP/CO: SUITE 219 ANCHORAGE, AK 99501-5131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAISON STANDIFER TITLE: DIRECTOR ADDRESS: 1689 C ST, STE 219 CITY/ST/ZIP/CO: ANCHORAGE, AK 99501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA CONSTANTINE DIRECTOR 1689 C ST, STE 219 ANCHORAGE, AK 99501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLENE STEPHAN DIRECTOR 1689 C ST, STE 219 ANCHORAGE, AK 99501	<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/ NEWMAN SHUFFLEBARGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEWMAN SHUFFLEBARGER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/14/2014 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.