

1.) CORPORATION NAME:

**INDEPENDENT WELDING DISTRIBUTORS COOPERATIVE,
INC.**

DUE DATE: **8/31/2013**

SCC ID NO: **F1905829**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6331 EAST 30TH STREET

CITY/ST/ZIP: INDIANAPOLIS, IN 46219

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:	MIKE BARNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2825 SOUTH ELM AVE #101		
CITY/ST/ZIP/CO:	FRESNO, CA 93706		

NAME:	GRANT COCKSHOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 MCPHILLIPS ST WINNIPEG MANITOBA R3E2J9 , , FN		
CITY/ST/ZIP/CO:			

NAME:	CARR DUPUY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7201 IMPERIAL DR		
CITY/ST/ZIP/CO:	WACO, TX 76712-6601		

NAME:	JOE GRECO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O BOX 349		
CITY/ST/ZIP/CO:	TARENTUM, PA 15084		

NAME:	MICHAEL MASSINOPE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4200 1ST AVE STE 208		
CITY/ST/ZIP/CO:	NITRO, WV 25143		

NAME:	jim weiler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	324 east second street		
CITY/ST/ZIP/CO:	dayton, OH 45402-1759		

NAME: ron atkins TITLE: DIRECTOR ADDRESS: po box 30118 CITY/ST/ZIP/CO: billings, MT 59107	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ray dillard TITLE: DIRECTOR ADDRESS: po box 10699 CITY/ST/ZIP/CO: lynchberg, VA 24506	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: marvin rodgers III TITLE: DIRECTOR ADDRESS: po box 24968 CITY/ST/ZIP/CO: oakland, CA 94623-0804	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: frank kasnick TITLE: PRESIDENT ADDRESS: 6331 east 30th street CITY/ST/ZIP/CO: indianapolis, IN 46219	<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/ frank kasnick	frank kasnick, PRESIDENT	7/16/2013
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.		