

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213545681

1.) CORPORATION NAME:

Merchants National Bonding, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR
1111 E MAIN ST 16TH FL**

SCC ID NO: **F1912916**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 FLEUR DR

CITY/ST/ZIP: DES MOINES, IA 50321

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:	LARRY TAYLOR		
TITLE:	PRESIDENT		
ADDRESS:	2100 FLEUR DR		
CITY/ST/ZIP/CO:	DES MOINES, IA 50321		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM WARNER, JR		
TITLE:	SECRETARY		
ADDRESS:	2100 FLEUR DR		
CITY/ST/ZIP/CO:	DES MOINES, IA 50321		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	William Taylor		
TITLE:	DIRECTOR		
ADDRESS:	2100 Fleur Drive		
CITY/ST/ZIP/CO:	Des Moines, IA 50321		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Janet Taylor		
TITLE:	DIRECTOR		
ADDRESS:	2100 Fluor Drive		
CITY/ST/ZIP/CO:	Des Moines, IA 50321		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Lloyd Taylor		
TITLE:	DIRECTOR		
ADDRESS:	2100 Fluor Drive		
CITY/ST/ZIP/CO:	Des Moines, IA 50321		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jeffrey Taylor		
TITLE:	DIRECTOR		
ADDRESS:	2100 Fleur Drive		
CITY/ST/ZIP/CO:	Des Moines, IA 50321		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Warner DIRECTOR 2100 Fleur Drive Des Moines, IA 50321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald Kemp DIRECTOR 2100 Fleur Drive Des Moines, IA 50321	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Burke, Jr. DIRECTOR 2100 Fleur Drive Des Moines, IA 50321	<input type="checkbox"/> OFFICER	<input checked="" 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/ LARRY TAYLOR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY TAYLOR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/30/2013 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.			