

1.) CORPORATION NAME:

Trans Par Group, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1923517**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	8,000
PREFER	1,252
PREFA	748

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 18 SW THIRD ST STE 200

CITY/ST/ZIP: LEES SUMMIT, MO 64083

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:	RUTH A NEWBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16900 HEATHER LANE		
CITY/ST/ZIP/CO:	BELTON, MO 64012		

NAME:	KYLE E MARRIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	16901 MEADOW LANE		
CITY/ST/ZIP/CO:	BELTON, MO 64012		

NAME:	JEFF MCHENRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12501 NORWOOD		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66209		

NAME:	RICHARD N BIEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRE		
ADDRESS:	2203 W 120TH ST		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66209		

NAME:	RUTH A NEWBY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRE		
ADDRESS:	16900 HEATHER LANE		
CITY/ST/ZIP/CO:	BELTON, MO 64012		

NAME:	Ruth A Newby	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16900 Healthier Lane		
CITY/ST/ZIP/CO:	Belton, MO 64012		

NAME: Kyle E Martin TITLE: DIRECTOR ADDRESS: 16901 Meadow Lane CITY/ST/ZIP/CO: Belton, MO 64012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Douglas E. Martin TITLE: DIRECTOR ADDRESS: 328 Windell Avenue CITY/ST/ZIP/CO: Annapolis, MD 21401	<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/ RICHARD N BIEN	RICHARD N BIEN, ASST SECRE	2/18/2014
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.