

1.) CORPORATION NAME: <b>POWERS GROUP, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MO</b>	DUE DATE: <b>4/30/2015</b> SCC ID NO: <b>F1958331</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>30,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	30,000
CLASS	AUTHORIZED				
COMMON	30,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 7745 CARONDELET AVE STE 200 CITY/ST/ZIP: CLAYTON, MO 63105
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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: PIERCE W POWERS JR TITLE: PRESIDENT ADDRESS: 7745 CARONDELET AVE STE 200 CITY/ST/ZIP/CO: CLAYTON, MO 63105	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: SUSAN P POWERS TITLE: SECRE ADDRESS: 7745 CARONDELET AVE STE 200 CITY/ST/ZIP/CO: CLAYTON, MO 63105	<input type="checkbox"/> OFFICER <input 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/ PIERCE W POWERS JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PIERCE W POWERS JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/18/2015 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.