

**2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: F2135574
Filing Number: 2208154848747
Filing Date/Time: 08/15/2022 03:48 PM
Effective Date/Time: 08/15/2022 03:48 PM



1. CORPORATION NAME:
C. H. Guernsey & Company

DUE DATE: 09/30/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
COGENCY GLOBAL INC.
250 BROWNS HILL COURT
MIDLOTHIAN, VA 23114-0000

SCC ID NO.: F213557-4

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 2,500,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
041-CHESTERFIELD COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
OK-Oklahoma

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 5555 N GRAND BLVD	ADDRESS: 5555 N GRAND BLVD
CITY/ST/ZIP	CITY/ST/ZIP OKLAHOMA CITY, OK 73112

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: Ashish Agrawal	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 5555 N GRAND BLVD	ADDRESS:
CITY/ST/ZIP: Oklahoma City, OK 73112-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Ron Tanner
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

RON TANNER, V.P.
PRINTED NAME AND CORPORATE TITLE

8/10/2022
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
C. H. Guernsey & Company

DUE DATE: **09/30/22**
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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Ron Tanner TITLE: Vice President ADDRESS: 5555 N GRAND BLVD CITY/ST/ZIP: Oklahoma City, OK 73112-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jeff Napolliello TITLE: Vice President ADDRESS: 5555 N GRAND BLVD CITY/ST/ZIP: Oklahoma City, OK 73112-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: SUMMER LEE GOEBEL TITLE: SRVPRES/DIR ADDRESS: 5555 N GRAND BLVD CITY/ST/ZIP: OKLAHOMA CITY, OK 73112-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JARED STIGGE TITLE: PRES/CEO/DIR ADDRESS: 5555 N GRAND BLVD CITY/ST/ZIP: OKLAHOMA CITY, OK 73112-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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