



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

**REPORT DUE BY April 1, 2014**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/11/2014  
Business ID: 588694  
William M. Gardner  
Secretary of State

REG MARKETING & LOGISTICS GROUP, LLC

416 S BELL AVENUE,  
AMES, IA 50010

ADDRESS OF PRINCIPAL OFFICE:

416 S BELL AVENUE,  
AMES, IA 50010

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM  
9 CAPITOL STREET  
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 588694

STATE OF DOMICILE: IOWA

Sales, marketing, logistics, & procurement of biodiesel

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 416 S Bell Avenue, Ames, IA 50010

The new principal office address 416 S Bell Avenue, Ames, IA 50010

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Brad Albin**  
STREET **416 S Bell Avenue**  
CITY/STATE/ZIP **Ames IA 50010**

MANA. **Dave Elsenbast**  
STREET **416 S Bell Avenue**  
CITY/STATE/ZIP **Ames IA 50010**

MANA. **Gary Haer**  
STREET **416 S Bell Avenue**  
CITY/STATE/ZIP **Ames IA 50010**

MANA. **Daniel J. Oh**  
STREET **416 S Bell Avenue**  
CITY/STATE/ZIP **Ames IA 50010**

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

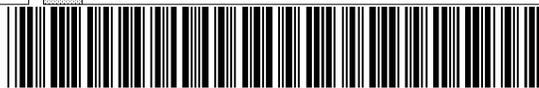
Sign here: Crystal McKenzie

Please print name and title of signer: Crystal McKenzie / AUTHORIZED PARTY

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



058869420141008

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301

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## NAMES AND ADDRESSES OF ALL OTHER MANAGERS AND MEMBERS:

### Manager

CHAD STONE  
416 S BELL AVENUE,  
AMES, IA 50010