

1.) CORPORATION NAME:

Supplies Acquisition, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **07654551**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 Fountain Plaza

CITY/ST/ZIP: Buffalo, NY 14202

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:	CHRISTOPHER J FEENEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40 FOUNTAIN PLAZA		
CITY/ST/ZIP/CO:	BUFFALO, NY 14202		

NAME:	RAJAT R SHAH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40 FOUNTAIN PLAZA		
CITY/ST/ZIP/CO:	BUFFALO, NY 14202		

NAME:	JOHN A WENTZELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	40 FOUNTAIN PLAZA		
CITY/ST/ZIP/CO:	BUFFALO, NY 14202		

NAME:	JOHN A WENTZELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	40 Fountain Plaza		
CITY/ST/ZIP/CO:	Buffalo, NY 14202		

NAME:	MICHAEL A. PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	40 Fountain Plaza		
CITY/ST/ZIP/CO:	BUFFALO, NY 14202		

NAME:	STEPHEN G. NOWACZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	40 Fountain Plaza		
CITY/ST/ZIP/CO:	Buffalo, NY 14202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN G. NOWACZYK TREASURER 40 Fountain Plaza BUFFALO, NY 14202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANICE R. TRYBUS SECRETARY 40 Fountain Plaza Buffalo, NY 14202	<input checked="" 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/ JOHN AWENTZELL	JOHN AWENTZELL,	5/12/2014
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.