

1.) CORPORATION NAME:

**SNYDER'S-LANCE, INC.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.  
7288 HANOVER GREEN DRIVE  
MECHANICSVILLE, VA**

SCC ID NO: **F0039828**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13024 BALLANTYNE CORPORATE PL  
STE 900

CITY/ST/ZIP: CHARLOTTE, NC 28277

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY ATKINS	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER BRUBAKER	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	C PETER CARLUCCI JR	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN DENTON	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES JOHNSTON	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W. J. PREZZANO	
TITLE:	DIRECTOR	
ADDRESS:	13024 BALLANTYNE CORP PLACE STE 900	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277	

NAME:	DAN SWANDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	ISAIAH TIDWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	MICHAEL WAREHIME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	PATRICIA WAREHIME	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13024 BALLANTYNE CORP. PLACE STE 900		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		
NAME:	CARL E LEE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
NAME:	RICK D PUCKETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
NAME:	KEVIN A HENRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
NAME:	CHARLES E GOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
NAME:	MARGARET E WICKLUND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
NAME:	A ZACHARY SMITH III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13024 BALLANTYNE CORP PL		
CITY/ST/ZIP/CO:	SUITE 900 CHARLOTTE, NC 28277		
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/ MARGARET EWICKLUND	MARGARET EWICKLUND,	1/16/2014
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.		