

1.) CORPORATION NAME:

**The Hershey Company**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0051120**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	900,000,000
COMB	150,000,000
OTH	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CRYSTAL A DRIVE

CITY/ST/ZIP: HERSHEY, PA 17033

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN P BILBREY	
TITLE:	PRES/CEO	
ADDRESS:	100 Crystal A Drive	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HUMBERTO P ALFONSO	
TITLE:	Pres. Internat.	
ADDRESS:	100 CRYSTAL A DRIVE	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	David W. Tacka	
TITLE:	VICE PRESIDENT	
ADDRESS:	100 CRYSTAL A DRIVE	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH A COTTONARO	
TITLE:	ASST SEC/AS TRE	
ADDRESS:	100 CRYSTAL A DR	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROSA C STROH	
TITLE:	TREASURER	
ADDRESS:	100 CRYSTAL DR	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LESLIE M TURNER	
TITLE:	SECRETARY	
ADDRESS:	100 Crystal A Drive	
CITY/ST/ZIP/CO:	HERSHEY, PA 17033	

NAME:	PAMELA M ARWAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	91 INVERNESS DRIVE		
CITY/ST/ZIP/CO:	BLUFFTON, SC 29910		
NAME:	ROBERT F CAVANAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7575 Carson Blvd.		
CITY/ST/ZIP/CO:	Long Beach, CA 90808		
NAME:	CHARLES A DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20 Horseneck Lane		
CITY/ST/ZIP/CO:	Greenwich, CT 06830		
NAME:	ROBERT M MALCOLM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	106 GOODWIVES RIVER ROAD		
CITY/ST/ZIP/CO:	Darien, CT 06820		
NAME:	JAMES M MEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1752 Conway Heath		
CITY/ST/ZIP/CO:	Camp Hill, PA 17001		
NAME:	JAMES E NEVELS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1717 ARCH STREET		
CITY/ST/ZIP/CO:	SUITE 3810 PHILADELPHIA, PA 19103		
NAME:	ANTHONY J PALMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	351 Phelps Drive		
CITY/ST/ZIP/CO:	Irving, TX 75038		
NAME:	THOMAS J RIDGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1140 CONNECTICUT AVE., NW		
CITY/ST/ZIP/CO:	Suite 510 Washington DC, DC 20036		
NAME:	DAVID L SHEDLARZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	188 Block Blvd.		
CITY/ST/ZIP/CO:	Massapequa Park, NY 11762		

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/ JOSEPH A COTTONARO	JOSEPH A COTTONARO, ASST	7/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC/AS TRE 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.