

1.) CORPORATION NAME:

JOSEPH B. FAY CO.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0130486**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 66
100 SKY LANE

CITY/ST/ZIP: RUSSELLTON, PA 15076-0066

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:	LESTER SNYDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 SKY LANE		
CITY/ST/ZIP/CO:	TARENTUM, PA 15084		

NAME:	JAMES E WILKINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P O BOX 66		
CITY/ST/ZIP/CO:	100 SKY LANE RUSSELLTON, PA 15076		

NAME:	SHAWN FAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	100 SKY LANE		
CITY/ST/ZIP/CO:	TARENTUM, PA 15084		

NAME:	JOHN GREENE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 SKY LANE		
CITY/ST/ZIP/CO:	TARENTUM, PA 15084		

NAME:	JAMES MCNELIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	711 PITTMAN RD		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21226		

NAME:	DENNIS WATKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 SKY LANE		
CITY/ST/ZIP/CO:	TARENTUM, PA 15084		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M WESTROM VICE PRESIDENT 100 SKY LANE TARENTUM, PA 15084	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLEEN DACEY SECRETARY 100 SKY LANE TARENTUM, PA 15084	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE O RINGER ASST TREASURER 100 SKY LANE TARENTUM, PA 15084	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT B FAY DIRECTOR PO BOX 66 100 SKY LANE RUSSELLTON, PA 15076-0066	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD VITTONI CFO 100 SKY LANE TARENTUM, PA 15084	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES BACON DIRECTOR 5 KNOLLWOOD RD RINGOES, NJ 08551	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW KATZ DIRECTOR 605 THIRD AVE. 15TH FLOOR NEW YORK, NY 10158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLIN KENNEDY DIRECTOR 605 THIRD AVE. 15TH FLOOR NEW YORK, NY 10158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ CHAD VITTONI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHAD VITTONI, CFO PRINTED NAME AND CORPORATE TITLE	9/18/2012 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.			