

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214514264

1.) CORPORATION NAME:

**MAOLA MILK AND ICE CREAM COMPANY**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD T ROSSIER  
7206 ELIZABETH DRIVE  
MCLEAN, VA**

SCC ID NO: **F0169963**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 305 AVE C  
P O DRAWER S

CITY/ST/ZIP: NEW BERN, NC 28560

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:	BRANSON COLTRANE	
TITLE:	PRESIDENT	
ADDRESS:	7239 BRANSON MILL ROAD	
CITY/ST/ZIP/CO:	PLEASANT GARDEN, NC 27313	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEVIN SATTERWHITE	
TITLE:	VICE PRESIDENT	
ADDRESS:	8720 BUSH RIVER ROAD	
CITY/ST/ZIP/CO:	NEWBERRY, SC 29108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAY BRYANT	
TITLE:	SEC./TREASURER	
ADDRESS:	MAOLA MILK AND ICE CREAM CO. 1985 ISAAC NEWTON SQUARE, WEST	
CITY/ST/ZIP/CO:	RESTON, VA 20190-5094	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARBARA CAMPBELL	
TITLE:	ASST SECRETARY	
ADDRESS:	MAOLA MILK AND ICE CREAM CO. 1985 ISAAC NEWTON SQUARE WEST	
CITY/ST/ZIP/CO:	RESTON, VA 20190-5094	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAN TENPAS	
TITLE:	ASST TREASURER	
ADDRESS:	MAOLA MILK AND ICE CREAM COMPANY 1985 ISAAC NEWTON SQUARE WEST	
CITY/ST/ZIP/CO:	RESTON, VA 20190-5094	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN HAUGH	
TITLE:	DIRECTOR	
ADDRESS:	12000 COVINGTON LANE	
CITY/ST/ZIP/CO:	FRISCO, TX 75035	

NAME:                   LENARD KRESGE TITLE:                   DIRECTOR ADDRESS:               1766 AIRPORT ROAD CITY/ST/ZIP/CO:       LOYSVILLE, PA 17047	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   C. RICHARD MOSEMANN, JR. TITLE:                   DIRECTOR ADDRESS:               843 SPRING ROAD CITY/ST/ZIP/CO:       WARFORDSBURG, PA 17267	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME:                   DAVID POOL TITLE:                   DIRECTOR ADDRESS:               27 VALLEY FARM LANE CITY/ST/ZIP/CO:       ROBESONIA, PA 19551	<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/ BARBARA CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA CAMPBELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/18/2014 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.		