

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213545686

1.) CORPORATION NAME:

**G. A. & F. C. WAGMAN, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F0198988**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	2,000,000
COMNV	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3290 NORTH SUSQUEHANNA TRAIL

CITY/ST/ZIP: YORK, PA 17406

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:	DWIGHT C WEIBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	805 MONTE AVENUE		
CITY/ST/ZIP/CO:	FALLSTON, MD 21047		

NAME:	JOSEPH G WAGMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	975 SUMMIT CIRCLE NORTH		
CITY/ST/ZIP/CO:	YORK, PA 17403		

NAME:	TODD E BECKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SRVP Operations		
ADDRESS:	2845 BARK HILL ROAD		
CITY/ST/ZIP/CO:	YORK, PA 17403		

NAME:	JOHN R COPPAGE IV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO/TRES		
ADDRESS:	1116 WYNDHAM DRIVE		
CITY/ST/ZIP/CO:	YORK, PA 17403		

NAME:	WILLIAM C MCCRUDDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP OF HR		
ADDRESS:	204 SOUTHGATE DRIVE		
CITY/ST/ZIP/CO:	LANCASTER, PA 17602		

NAME:	DONALD J POSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-GEOTECH		
ADDRESS:	110 MARLE COURT		
CITY/ST/ZIP/CO:	YORK, PA 17402		

NAME: MICHAEL B GLEZER TITLE: CEO ADDRESS: 2784 FARNHAM LANE CITY/ST/ZIP/CO: YORK, PA 17408	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD E WAGMAN TITLE: CHAIRMAN ADDRESS: 1190 OVERBROOK CIRCLE CITY/ST/ZIP/CO: YORK, PA 17403	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W EDWIN JACKSON TITLE: SECRETARY ADDRESS: 314 EQUUS DRIVE CITY/ST/ZIP/CO: CAMP HILL, PA 17011	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WANDA S TURNER TITLE: ASST SECRETARY ADDRESS: 302 FORGE COURT CITY/ST/ZIP/CO: SPRING GROVE, PA 17362	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: David Lyle TITLE: VP-Division Mgr ADDRESS: 18610 Goode Lane CITY/ST/ZIP/CO: Dinwiddie, VA 23841	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Lisa Wagman Glezer TITLE: ASST SECRETARY ADDRESS: 2784 Farnham Lane CITY/ST/ZIP/CO: York, PA 17408	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Anthony Bednarik TITLE: VP-Estimating ADDRESS: 6 Ashlea Drive CITY/ST/ZIP/CO: Glenmoore, PA 19343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jeanie Jones TITLE: ASST SECRETARY ADDRESS: 1542 Henrico Road CITY/ST/ZIP/CO: Buffalo Junction, VA 24529	<input checked="" type="checkbox"/> OFFICER	<input 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/ W EDWIN JACKSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	W EDWIN JACKSON, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/30/2013 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.		