

1.) CORPORATION NAME:

WINE AND SPIRITS SHIPPERS ASSOCIATION, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0320087**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11800 SUNRISE VALLEY DRIVE
SUITE 425

CITY/ST/ZIP: RESTON, VA 20191-5396

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:	LOUIS HEALEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 WASHINGTON AVE		
CITY/ST/ZIP/CO:	CARLSTADT, NJ 07072		
NAME:	HOWARD JACOBS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TEN PATTON DR		
CITY/ST/ZIP/CO:	WEST CALDWELL, NJ 07006		
NAME:	V JAMES ANDRETTA JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	132 FLATBUSH AVE		
CITY/ST/ZIP/CO:	KINGSTON, NY 12402-1608		
NAME:	ROBERT EPSTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	550 E 13TH STREET		
CITY/ST/ZIP/CO:	N KANSAS CITY, MO 64116		
NAME:	KENNETH J MANCINI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	119 HOPKINS HILL ROAD		
CITY/ST/ZIP/CO:	WEST GREENWICH, RI 02817		
NAME:	Giovanni Chiarelli	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	149-10 183rd Street		
CITY/ST/ZIP/CO:	Jamaica, NY 11413		

NAME: Charles Merinoff TITLE: DIRECTOR ADDRESS: 16 Bridgewater Street CITY/ST/ZIP/CO: Brooklyn, NY 11222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kim Gary TITLE: DIRECTOR ADDRESS: 650 36th Street SE CITY/ST/ZIP/CO: Wyoming, MI 49548	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Rubenstein TITLE: DIRECTOR ADDRESS: 80 Stockwell Drive CITY/ST/ZIP/CO: Avon, MA 02322	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dina Opici TITLE: DIRECTOR ADDRESS: 25 De Boer Drive CITY/ST/ZIP/CO: Glen Rock, NJ 07452	<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/ LOUIS HEALEY	LOUIS HEALEY, PRESIDENT	6/29/2012
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.		