

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214516436

1.) CORPORATION NAME:

L. FISHMAN & SON, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0428781**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6301 E LOMBARD ST

CITY/ST/ZIP: BALTIMORE, MD 21224

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:	ROBERT J WAGNER		
TITLE:	PRESIDENT		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM J MABEUS		
TITLE:	VICE PRESIDENT		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEVON CLARK		
TITLE:	VICE PRESIDENT		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LEONARD GOLDHEIM		
TITLE:	VICE PRESIDENT		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J BRADY SWEITZER		
TITLE:	TREASURER		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	J BRADY SWEITZER		
TITLE:	SECRETARY		
ADDRESS:	6301 E. LOMBARD ST.		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21224		

NAME: WILLIAM BROWN TITLE: DIRECTOR ADDRESS: 6301 E. LOMBARD ST. CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JONATHAN FISHMAN TITLE: DIRECTOR ADDRESS: 6301 E. LOMBARD ST. CITY/ST/ZIP/CO: BALTIMORE, MD 21224	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ J BRADY SWEITZER	J BRADY SWEITZER, TREASURER	3/28/2014
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.