

1.) CORPORATION NAME:

ERDMAN, ANTHONY, ASSOCIATES, INC.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0544165**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100
COMB	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE STERLING PLACE
100 STERLING PKWY STE 212

CITY/ST/ZIP: MECHANICSBURG, PA 17050

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:	CURT W HELMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE STERLING PLACE		
CITY/ST/ZIP/CO:	100 STERLING PKWY, STE 212 MECHANICSBURG, PA 17050		
NAME:	RICHARD E STEES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STERLING PLACE		
CITY/ST/ZIP/CO:	100 STERLING PKWY STE 212 MECHANICSBURG, PA 17050		
NAME:	D VINCENT WEISER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STERLING PLACE		
CITY/ST/ZIP/CO:	100 STERLING PKWY STE 212 MECHANICSBURG, PA 17050		
NAME:	KATHY M STEES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/AT		
ADDRESS:	ONE STERLING PLACE		
CITY/ST/ZIP/CO:	100 STERLING PKWY STE 212 MECHANICSBURG, PA 17050		
NAME:	STEVE EASTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	145 CULVER RD		
CITY/ST/ZIP/CO:	SUITE 200 ROCHESTER, NY 14620		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NOEL CARON DIRECTOR 100 STERLING PARKWAY SUITE 212 MECHANICSBURG, PA 17050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT LEONARD DIRECTOR 100 STERLING PARKWAY SUITE 212 MECHANICSBURG, PA 17050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD SMELTZ DIRECTOR 100 STERLING PARKWAY SUITE 212 MECHANICSBURG, PA 17050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG STOFFER DIRECTOR 100 STERLING PARKWAY SUITE 212 MECHANICSBURG, PA 17050	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNIE ZIMMOVAN DIRECTOR 100 STERLING PARKWAY SUITE 212 MECHANICSBURG, PA 17050	<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/ STEVE EASTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE EASTON, TREASURER PRINTED NAME AND CORPORATE TITLE	10/3/2014 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.			