

SCC eFile

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

213516082

1.) CORPORATION NAME:

KASCO CORPORATION

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0570186**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1133 WESTCHESTER AVE
STE N-222

CITY/ST/ZIP: WHITE PLAINS, NY 10604

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:	BRIAN E TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1133 WESTCHESTER AVE		
	STE N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	JAMES MCCABE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	1133 WESTCHESTER AVE		
	STE N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	MICHAEL HELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1133 WESTCHESTER AVE., N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	DOUG WOODWORTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1133 WESTCHESTER AVE., N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	THOMAS ORELUP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1133 WESTCHESTER AVE., N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	TED YERDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1133 WESTCHESTER AVE., N-222		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME: MICHAEL MACMANUS TITLE: SECRETARY ADDRESS: 1133 WESTCHESTER AVE STE N-222 CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JACK L HOWARD TITLE: DIRECTOR ADDRESS: 1133 WESTCHESTER AVE STE N-222 CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY SVOBODA TITLE: DIRECTOR ADDRESS: 1133 WESTCHESTER AVE N-222 CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<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/ JAMES MCCABE	JAMES MCCABE, SENIOR VP	3/31/2013
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.		