

1.) CORPORATION NAME:

**KASCO CORPORATION**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0570186**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 F MCCABE JR	<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: JAMES F MCCABE JR 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	
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 F MCCABE JR	JAMES F MCCABE JR, SENIOR VP	4/20/2015
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.		