

1.) CORPORATION NAME: MENDON PIPELINE, INC.	DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F0600801				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
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COMMON	200				
4.) STATE OR COUNTRY OF INCORPORATION: NY					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10 ASSEMBLY DRIVE SUITE 104 PO BOX 429 CITY/ST/ZIP: MENDON, NY 14506	
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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: ERIK V VAN DORN TITLE: PRES/TREAS ADDRESS: 959 RABBIT EAR PASS CITY/ST/ZIP/CO: VICTOR, NY 14564	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: D L VANDORN TITLE: VP/SECRETARY ADDRESS: 4100 CLOVER ST CITY/ST/ZIP/CO: HONEOYE FALLS, NY 14472	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOHNNY WALKER TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 82 CITY/ST/ZIP/CO: GHENT, WV 25843	<input checked="" 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/ ERIK V VAN DORN	ERIK V VAN DORN, PRES/TREAS	12/22/2014
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.