

1.) CORPORATION NAME:

**L. Robert Kimball & Associates, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

DUE DATE: **3/31/2011**

SCC ID NO: **F1099821**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	5,000
COMBNV	5,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 615 W HIGHLAND AVE

CITY/ST/ZIP: EBENSBURG, PA 15931-

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: R JEFFREY KIMBALL  
TITLE: P/CEO  
ADDRESS: 615 W HIGHLAND AVENUE  
CITY/ST/ZIP/CO: EBENSBURG, PA 15931-

OFFICER

DIRECTOR

NAME: L ROBERT KIMBALL  
TITLE: T/CHRMN  
ADDRESS: 615 W HIGHLAND AVE  
CITY/ST/ZIP/CO: EBENSBURG, PA 15931-

OFFICER

DIRECTOR

NAME: SAMUEL E KERNS  
TITLE: CFO  
ADDRESS: 615 W HIGHLAND  
CITY/ST/ZIP/CO: EBENSBURG, PA 15931-

OFFICER

DIRECTOR

NAME: G WILLIAM MYERS  
TITLE: SECRETARY  
ADDRESS: 615 HIGHLAND AVE  
CITY/ST/ZIP/CO: EBENSBURG, PA 15931-

OFFICER

DIRECTOR

NAME: ANN K BALAZS  
TITLE: DIRECTOR  
ADDRESS: 415 NORTH SPRUCE ST  
CITY/ST/ZIP/CO: EBENSBURG, PA 15931-

OFFICER

DIRECTOR

NAME: CSABA S BALAZS TITLE: VICE PRESIDENT ADDRESS: 615 WEST HIGHLAND AVENUE CITY/ST/ZIP/CO: EBENSBURG, PA 15931-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN R KIMBALL TITLE: VICE PRESIDENT ADDRESS: 615 WEST HIGHLAND AVENUE CITY/ST/ZIP/CO: EBENSBURG, PA 15931-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HELEN A IVORY TITLE: ASST SECRETARY ADDRESS: 615 WEST HIGHLAND AVENUE CITY/ST/ZIP/CO: EBENSBURG, PA 15931-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DEBORA L RAGER TITLE: ASST SECRETARY ADDRESS: 615 WEST HIGHLAND AVENUE CITY/ST/ZIP/CO: EBENSBURG, PA 15931-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANGELIA M BEATTIE TITLE: ASST SECRETARY ADDRESS: 615 WEST HIGHLAND AVENUE CITY/ST/ZIP/CO: EBENSBURG, PA 15931-	<input checked="" type="checkbox"/> OFFICER <input 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/ DEBORA L RAGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBORA L RAGER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/21/2011 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.		