

1.) CORPORATION NAME:

Boney Wilson & Sons, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1190224**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	200,000
COMBNV	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 145 PLEASANT HILL RD.
ATTN: LEGAL DEPT

CITY/ST/ZIP: SCARBOROUGH, ME 04074

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:	BETH M NEWLANDS-CAMPBELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	145 PLEASANT HILL RD.		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME:	ROBERT J SCHOOLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	145 PLEASANT HILL RD		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME:	LISA K TONER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	145 PLEASANT HILL RD		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME:	ELTING H SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	145 PLEASANT HILL RD		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME:	GARRETT D BOWNE, IV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/ASST TREAS		
ADDRESS:	145 PLEASANT HILL RD		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME:	GREGORY M AMOROSO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	145 PLEASANT HILL ROAD		
CITY/ST/ZIP/CO:	SCARBOROUGH, ME 04074		

NAME: PATTI M FLETCHER TITLE: ASST TREASURER ADDRESS: 2110 EXECUTIVE DRIVE CITY/ST/ZIP/CO: SALISBURY, NC 28147	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBERT CANIPE TITLE: TREASURER ADDRESS: 2110 EXECUTIVE DRIVE CITY/ST/ZIP/CO: SALISBURY, NC 28147	<input checked="" type="checkbox"/> OFFICER	<input 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/ LISA K TONER	LISA K TONER, SECRETARY	9/20/2012
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.