

1.) CORPORATION NAME:

CONEWAGO ENTERPRISES, INC.

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1233149**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 660 EDGE GROVE RD.

CITY/ST/ZIP: HANOVER, PA 17331

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: DONALD B. SMITH, JR. TITLE: PRESIDENT ADDRESS: PO BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID DONHARL TITLE: VICE PRESIDENT ADDRESS: P O BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW BROUGH TITLE: VICE PRESIDENT ADDRESS: P O BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANTHONY B. SMITH TITLE: VICE PRESIDENT ADDRESS: PO BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTINE M SMITH TITLE: VICE PRESIDENT ADDRESS: PO BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TRACY MARSHALL TITLE: CFO/TREASURER ADDRESS: P O BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TERRI DIEHL TITLE: SECRETARY ADDRESS: P O BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: AMY M SMITH TITLE: ASST SECRETARY ADDRESS: P O BOX 407 CITY/ST/ZIP/CO: HANOVER, PA 17331	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JESSE GONZALEZ TITLE: DIRECTOR ADDRESS: 1245 ANDERSON STREET CITY/ST/ZIP/CO: HOUSTON, TX 77041	<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/ DONALD B. SMITH, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD B. SMITH, JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/28/2014 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.		