

1.) CORPORATION NAME:

R. H. Sheppard Co., Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DAVID L RICHARDSON II
MCGUIRE WOODS BATTLE & BOOTHE
901 E. CARY ST. ONE JAMES CTR**

SCC ID NO: **F1234600**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	7,500
COMBNV	67,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: R.H.Sheppard, INC.
101 PHILADELPHIA ST.

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:	PETER H. SHEPPARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	101 PHILADELPHIA ST.		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME:	WILLIAM E HEISER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CFO		
ADDRESS:	101 PHILADELPHIA ST		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME:	OLIVER W HOAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/MFG		
ADDRESS:	101 PHILADELPHIA ST		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME:	JACK D. FREET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	101 PHILADELPHIA ST.		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME:	JOHN-PAUL LUNN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GENERAL COUNSEL		
ADDRESS:	101 PHILADELPHIA STREET		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME:	KATHRYN SHEPPARD HOAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 365		
CITY/ST/ZIP/CO:	HANOVER, PA 17331		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRENCE L. HORMEL DIRECTOR BEECHWOOD CTR 118 CARLISLE STREET HANOVER, PA 17331	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEATHER SHEPPARD LUNN DIRECTOR 1021 OLD WESTMINSTER ROAD HANOVER, PA 17331	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS H. SHEPPARD DIRECTOR 617 MARYLAND AVE VIRGINIA BEACH, VA 23451	<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/ WILLIAM E HEISER	WILLIAM E HEISER, EXEC VP/CFO	10/11/2012	
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.			