

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213559712

1.) CORPORATION NAME:

ALLEGHENY VENTURES, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1237686**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 CABIN HILL DRIVE

CITY/ST/ZIP: GREENSBURG, PA 15601-1689

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD R SCHNEIDER		
TITLE:	PRESIDENT		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK T CLARK		
TITLE:	DIR/EXEC VP/FIN		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RHONDA S. FERGUSON		
TITLE:	VP/CORP SEC		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES G GARANICH		
TITLE:	VP, TAX		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES F PEARSON		
TITLE:	SR VP/CFO		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	K. JON TAYLOR		
TITLE:	VP/CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEILA L VESPOLI EXEC VP GEN COU 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R STAUB VP/TREASURER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J ALEXANDER DIRECTOR 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL M DUNLAP ASST SECRETARY 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON L LISOWSKI ASST CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH W MULPAS ASST CONTROLLER 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H. LASH DIRECTOR 76 SOUTH MAIN STREET AKRON, OH 44308-1890	<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/ DANIEL M DUNLAP SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL M DUNLAP, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/17/2013 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.			