

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214514196

1.) CORPORATION NAME:

**CONCURRENT TECHNOLOGIES CORPORATION**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1251752**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CTC DRIVE

CITY/ST/ZIP: JOHNSTOWN, PA 15904-1935

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: MARGARET DIVIRGILIO  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER  DIRECTOR

NAME: GEORGE W APPLEY  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER  DIRECTOR

NAME: VICKI BARBUR  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904

OFFICER  DIRECTOR

NAME: JERRY R HUDSON  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER  DIRECTOR

NAME: MICHAEL S KNAPP  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER  DIRECTOR

NAME: FREDERICK J MULKEY  
TITLE: VICE PRESIDENT  
ADDRESS: 100 CTC DRIVE  
CITY/ST/ZIP/CO: JOHNSTOWN, PA 15904-1935

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A SCHARIO VICE PRESIDENT 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON L PATERSON EXEC OFCR/AS 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL D BAKER ASST TREASURER 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARL M KUSHNER TREASURER 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J SHEEHAN JR PRESIDENT 100 CTC DRIVE JOHNSTOWN, PA 15904-1935	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT A JOHNSON SECRETARY 301 GRANT ST 20TH FLOOR PITTSBURGH, PA 15219-1410	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL R DEVOS DIRECTOR 861 THERMAL AVENUE JOHNSTOWN, PA 15905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALBERT L ETHERIDGE DIRECTOR 5048 RIVERMEADOW DRIVE BATON ROUGE, LA 70820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J EYER DIRECTOR 215 MAIN STREET JOHNSTOWN, PA 15901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E JEANNE GLEASON DIRECTOR 552 ELKNUD LANE JOHNSTOWN, PA 15905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONWAY B JONES DIRECTOR 6351 LONGCROFT DRIVE OAKLAND, CA 94611-2521	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DALE MOSIER TITLE: DIRECTOR ADDRESS: 308 BRETT TRAIL SOUTH P.O. BOX 35 EDWARDS, CO 81632 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DALE M MOSIER TITLE: DIRECTOR ADDRESS: 308 BRETT TRAIL SOUTH P O BOX 35 EDWARDS, CO 81632 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK E PASQUERILLA TITLE: DIRECTOR ADDRESS: PASQUERILLA PLAZA JOHNSTOWN, PA 15907 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN F PHILLIPS TITLE: DIRECTOR ADDRESS: 1136 ROUND PEBBLE LANE RESTON, VA 20194 CITY/ST/ZIP/CO:	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HOWARD M PICKING, III TITLE: DIRECTOR ADDRESS: 100 LONGVIEW LANE JOHNSTOWN, PA 15905 CITY/ST/ZIP/CO:	<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/ SHARON L PATERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARON L PATERSON, EXEC OF CR/AS PRINTED NAME AND CORPORATE TITLE	3/18/2014 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.		