

1.) CORPORATION NAME:

WAWA, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J THOMAS O'BRIEN JR
411 E FRANKLIN ST STE 600
RICHMOND, VA**

SCC ID NO: **F1263294**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 260 W BALTIMORE PIKE

CITY/ST/ZIP: WAWA, PA 19063-5699

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.

<p>NAME: CHRISTOPHER T GHEYSSENS TITLE: PRESIDENT/CEO ADDRESS: 260 W BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063-5699</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JARED G CULOTTA TITLE: T/AST S ADDRESS: 260 W BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063-5699</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J ECKHARDT TITLE: S/GC ADDRESS: 260 WEST BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063-5699</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD D WOOD JR TITLE: CHAIRMAN ADDRESS: 260 W BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063-5699</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HOWARD B STOECKEL TITLE: DIRECTOR ADDRESS: 260 W BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES MOREY TITLE: SR VICE PRES ADDRESS: 260 W BALTIMORE PIKE CITY/ST/ZIP/CO: WAWA, PA 19063</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	CAROL E JENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	SUZANNE KEENAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	CATHERINE T PULOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VICE PRES		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	PETER F GILLIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	SALVATORE MATTERA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	MICHAEL G SHERLOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	BRIAN SCHALLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	KATHERINE J DICKINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		
NAME:	MARIA KALOGREDIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	260 W BALTIMORE PIKE		
CITY/ST/ZIP/CO:	WAWA, PA 19063		

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/ MARIA KALOGREDIS	MARIA KALOGREDIS, ASST	6/4/2014
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ SECRETARY 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.