

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214508892

1.) CORPORATION NAME:

**Hi-Lite Markings, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1413048**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 450        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 460  
18249 HI LITE DR

CITY/ST/ZIP: ADAMS CENTER, NY 13606

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:           | JOHN S MCNEELY                                | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT                                     |   |  |
| ADDRESS:        | P O BOX 460                                   |   |  |
| CITY/ST/ZIP/CO: | 18249 HI LITE DRIVE<br>ADAMS CENTER, NY 13606 |   |  |

|                 |  |   |  |
|-----------------|--|---|--|
| NAME:           | LINDA A MC NEELY                           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/SAFETY                                  |   |  |
| ADDRESS:        | P O BOX 460                                |   |  |
| CITY/ST/ZIP/CO: | 18249 HI LITE DR<br>ADAMS CENTER, NY 13606 |   |  |

|                 |  |   |  |
|-----------------|--|---|--|
| NAME:           | RHONDA M MCNEELY                           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP-SALES                                   |   |  |
| ADDRESS:        | PO BOX 460                                 |   |  |
| CITY/ST/ZIP/CO: | 18249 HI LITE DR<br>ADAMS CENTER, NY 13606 |   |  |

|                 |                        |   |  |
|-----------------|------------------------|---|--|
| NAME:           | RICHARD C MCNEELY IV   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |  |
| ADDRESS:        | 18249 HI-LITE DRIVE    |   |  |
| CITY/ST/ZIP/CO: | ADAMS CENTER, NY 13606 |   |  |

|                 |  |   |  |
|-----------------|--|---|--|
| NAME:           | RICHARD C MCNEELY JR                       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VP/OPNS                                    |   |  |
| ADDRESS:        | P O BOX 460                                |   |  |
| CITY/ST/ZIP/CO: | 18249 HI LITE DR<br>ADAMS CENTER, NY 13606 |   |  |

|  |   |                   |                                     |          |
|--|---|-------------------|-------------------------------------|----------|
| NAME: JOEL RARICK<br>TITLE: VICE PRESIDENT<br>ADDRESS: 18249 HI-LITE DRIVE<br>CITY/ST/ZIP/CO: ADAMS CENTER, NY 13606   | <input checked="" type="checkbox"/>                                     | OFFICER           | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: AUDREY SARGENT<br>TITLE: VICE PRESIDENT<br>ADDRESS: 18249 HI-LITE DRIVE<br>CITY/ST/ZIP/CO: ADAMS CENTER, NY 13606  | <input checked="" type="checkbox"/>                                     | OFFICER           | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: KELLY J SPINNER<br>TITLE: SECRETARY/TREAS<br>ADDRESS: 18249 HI-LITE DRIVE<br>CITY/ST/ZIP/CO: ADAMS CENTER, NY 13606  | <input checked="" type="checkbox"/>                                     | OFFICER           | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: RICHARD C MCNEELY III<br>TITLE: DIRECTOR<br>ADDRESS: 18249 HI LITE DR.<br>PO BOX 460<br>CITY/ST/ZIP/CO: ADAMS CENTER, NY 13606   | <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/ KELLY J SPINNER<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | KELLY J SPINNER,<br>SECRETARY/TREAS<br>PRINTED NAME AND CORPORATE TITLE | 2/18/2014<br>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. |   |                   |                                     |          |