

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214548931
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1.) CORPORATION NAME: <b>A-Deck, Inc.</b>	DUE DATE: <b>10/31/2014</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1445784</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td style="text-align: center;">100</td> </tr> <tr> <td>COMBNV</td> <td style="text-align: center;">2,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	100	COMBNV	2,000
CLASS	AUTHORIZED						
COMAV	100						
COMBNV	2,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 910 E MAIN ST  
SUITE 400

CITY/ST/ZIP: NORRISTOWN, PA 19401

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 checked="" type="checkbox"/> DIRECTOR
NAME: DAVID FARRAGUT		
TITLE: PRESIDENT		
ADDRESS: 910 E MAIN ST		
CITY/ST/ZIP/CO: SUITE 400 NORRISTOWN, PA 19401		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL E BARAN		
TITLE: VICE PRESIDENT		
ADDRESS: 910 E MAIN ST		
CITY/ST/ZIP/CO: SUITE 400 NORRISTOWN, PA 19401		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRAD HUBER		
TITLE: TREASURER		
ADDRESS: 910 E MAIN ST		
CITY/ST/ZIP/CO: SUITE 400 NORRISTOWN, PA 19401		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHARON M PANE		
TITLE: SECRETARY		
ADDRESS: 910 E MAIN ST		
CITY/ST/ZIP/CO: SUITE 400 NORRISTOWN, PA 19401		

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 M PANE	SHARON M PANE, SECRETARY	11/3/2014
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.