

1.) CORPORATION NAME:

**JOHN R. STEELE & ASSOCIATES, INC.**

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD C MAXWELL  
10 S JEFFERSON ST STE 1400  
ROANOKE, VA**

SCC ID NO: **F1472952**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5474 YOUNGS RD

CITY/ST/ZIP: VERNON, NY 13476

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 R STEELE DVM TITLE: PRESIDENT ADDRESS: 5474 YOUNGS RD CITY/ST/ZIP/CO: VERNON, NY 13476	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES B MITCHELL TITLE: VICE PRESIDENT ADDRESS: 11 COACH LANE CITY/ST/ZIP/CO: LAMBERTVILLE, NJ 08530	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANTHONY JOSEPH CICCARELLI TITLE: TREASURER ADDRESS: 37 WEST DRIVE CITY/ST/ZIP/CO: NEW YORK MILLS, NY 13417	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LESLIE R LEWIS ESQ TITLE: SECRETARY ADDRESS: 23 GEMSITE ST CITY/ST/ZIP/CO: NEW WASTFORD, NY 13413	<input checked="" type="checkbox"/> OFFICER	<input 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/ ANTHONY JOSEPH CICCARELLI	ANTHONY JOSEPH CICCARELLI, TREASURER	5/23/2015
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.