

1.) CORPORATION NAME:

**FoodState, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1498445**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 BOWERS ROAD

CITY/ST/ZIP: DERRY, NH 03038

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:	ROBERT U. CRAVEN	
TITLE:	PRESIDENT	
ADDRESS:	P.O. BOX 325	
CITY/ST/ZIP/CO:	DERRY, NH 03038	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN J. NESTOR	
TITLE:	VICE PRESIDENT	
ADDRESS:	50 PUBLIC SQUARE	
CITY/ST/ZIP/CO:	29TH FLOOR CLEVELAND, OH 44113	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID PECORE	
TITLE:	VICE PRESIDENT	
ADDRESS:	653 RIDGEFIELD AVE	
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15216	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID PECORE	
TITLE:	TREASURER	
ADDRESS:	653 RIDGEFIELD AVE	
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15216	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN J. NESTOR	
TITLE:	SECRETARY	
ADDRESS:	50 PUBLIC SQUARE	
CITY/ST/ZIP/CO:	29TH FLOOR CLEVELAND, OH 44113	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT BURKE	
TITLE:	DIRECTOR	
ADDRESS:	8 COBBLESTONE LANE	
CITY/ST/ZIP/CO:	ANDOVER, MA 01810	

NAME: DAVID TILEY TITLE: DIRECTOR ADDRESS: 7596 N. VINEMONT CT. CITY/ST/ZIP/CO: HUDSON, OH 44236	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW WHITMAN TITLE: DIRECTOR ADDRESS: 205 W. RANDOLPH ST CITY/ST/ZIP/CO: SUITE 1830 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN BARRYMORE TITLE: DIRECTOR ADDRESS: 10940 WILSHIRE BLVD CITY/ST/ZIP/CO: LOS ANGELES, CA 90024	<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/ ROBERT U. CRAVEN	ROBERT U. CRAVEN, PRESIDENT	2/14/2013
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.		