

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

Pitcairn Trust Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1625146**

**CT CORPORATION
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 165 TOWNSHIP LINE RD STE 3000

CITY/ST/ZIP: JENKINTOWN, PA 19046

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: LESLIE C VOTH TITLE: D/P/CEO ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENISE L WALLACE TITLE: ASST SEC ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CLARK D PITCAIRN TITLE: DIRECTOR ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE R BARDFELD TITLE: Secretary & CLO ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN L KREISCHER TITLE: DIRECTOR ADDRESS: 165 TOWNSHIP LINE ROAD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DIRK JUNGE TITLE: CHAIRMAN ADDRESS: 165 TOWNSHIP LN RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES L KERMES DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WM. CHRISTOPHER KERR DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNY P MADDOCK DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE W BRICKMAN, JR DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD F PITCAIRN, III CHIEF INV OFF 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETH P JEWELL DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FEODOR PITCAIRN DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER S RHODES DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA R HAUSER DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAIN KISTNER DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C McCORMICK TREASURER & CFO 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: AVERILL RAND JARVIS TITLE: AST SEC MNG DIR ADDRESS: 165 TOWNSHIP LN RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JANICE E FRYE TITLE: DIR OF OPS ADDRESS: 165 TOWNSHIP LN RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SUSAN DEVLIN TITLE: DIR OF IT ADDRESS: 165 TOWNSHIP LN RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<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/ LAWRENCE R BARDFELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAWRENCE R BARDFELD, Secretary & CLO PRINTED NAME AND CORPORATE TITLE	3/22/2013 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.		