

1.) CORPORATION NAME: <b>BRUCE V. SCHNEIDER ASSOCIATES, INC.</b>	DUE DATE: <b>1/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1628199</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	7,500
CLASS	AUTHORIZED				
COMMON	7,500				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45 MIDDLE COUNTRY RD

CITY/ST/ZIP: MIDDLE ISLAND, NY 11953

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: MARLENE SCHNEIDER		
TITLE: PRESIDENT		
ADDRESS: 45 MIDDLE COUNTRY RD		
CITY/ST/ZIP/CO: MIDDLE ISLAND, NY 11953		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG SCHNEIDER		
TITLE: VICE PRESIDENT		
ADDRESS: 45 MIDDLE COUNTRY ROAD		
CITY/ST/ZIP/CO: MIDDLE ISLAND, NY 11953		

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/ MARLENE SCHNEIDER	MARLENE SCHNEIDER, PRESIDENT	1/25/2016
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.