

1.) CORPORATION NAME:

NuTec Design Associates, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1636796**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3687 CONCORD RD

CITY/ST/ZIP: YORK, PA 17402-8628

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.

<p>NAME: MARK N OTTEMILLER TITLE: PRESIDENT ADDRESS: 3687 CONCORD RD CITY/ST/ZIP/CO: YORK, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN R JAMISON TITLE: VP/S ADDRESS: 3687 CONCORD RD CITY/ST/ZIP/CO: YORK, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY E DEBES TITLE: VICE PRESIDENT ADDRESS: 3687 CONCORD RD CITY/ST/ZIP/CO: YORK, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TILLMAN D JOHNSON TITLE: VICE PRESIDENT ADDRESS: 3687 CONCORD RD CITY/ST/ZIP/CO: YORK, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CAREON J GOHN TITLE: OFFICER/DIR ADDRESS: 3687 CONCORD ROAD CITY/ST/ZIP/CO: YORK, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Andrew L Shakely TITLE: VICE PRESIDENT ADDRESS: 3687 Concord Road CITY/ST/ZIP/CO: York, PA 17402</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: David S Miller TITLE: DIRECTOR ADDRESS: 3687 Concord Road CITY/ST/ZIP/CO: York, PA 17402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Loretta L Hoover TITLE: ASST TREASURER ADDRESS: 3687 Concord CITY/ST/ZIP/CO: York, PA 17402	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Loretta L Hoover SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Loretta L Hoover, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	6/27/2012 DATE
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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.