

1.) CORPORATION NAME:

**Associated Wholesalers, Inc.**

DUE DATE: **9/30/2010**

SCC ID NO: **F1641986**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	750,000
COMB	250,000
COMC	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: US RTE 422  
PO BOX 67

CITY/ST/ZIP: ROBESONIA, PA 19551-

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: J CHRISTOPHER MICHAEL  OFFICER  DIRECTOR  
TITLE: P/CEO  
ADDRESS: PO BOX 67  
CITY/ST/ZIP/CO: ROBESONIA, PA 19551-

NAME: THOMAS TEETER  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: PO BOX 67  
CITY/ST/ZIP/CO: ROBESONIA, PA 19551-

NAME: DAVID FIREK  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: PO BOX 67  
CITY/ST/ZIP/CO: ROBESONIA, PA 19551-

NAME: STEWART E HARTMAN JR  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 2100 N GEORGE ST  
CITY/ST/ZIP/CO: YORK, PA 17404-

NAME: MARTIN R BROWN  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: SANDY RIDGE STATION MALL  
POX 220  
CITY/ST/ZIP/CO: ORBISONIA, PA 17243-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER G CLOCKER DIRECTOR 4681 MOUNTAIN ROAD PASADENA, MD 21122-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOYCE FASULA DIRECTOR 950 NORTH SOUTH ROAD SCRANTON, PA 18504-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE E HOOVER DIRECTOR 3463 BIGLERVILLE ROAD BOX 329 BIGERVILLE, PA 17307-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILMER M HURST DIRECTOR 2900 OREGON PIKE LITITZ, PA 17543-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY KRENITSKY DIRECTOR 10 KENNEDY DRIVE P O BOX 184 ARCHBALD, PA 18403-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH KUTSOP DIRECTOR 101 SEVENTH AVENUE BLAKELY, PA 18447-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MCKAY DIRECTOR P O BOX 98 HOLLYWOOD, MD 20636-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD MONAHAN DIRECTOR 1750 QUENTIN ROAD LEBANON, PA 17042-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J MUSSER DIRECTOR 144 STRICKLER RUN DRIVE COLUMBIA, PA 17512-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY V SAUBEL DIRECTOR 65 E. FORREST AVENUE SHREWSBURY, PA 17361-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL W STAUFFER TITLE: DIRECTOR ADDRESS: P O BOX 1500 CITY/ST/ZIP/CO: LITITZ, PA 17543-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH S VARY TITLE: DIRECTOR ADDRESS: 5950 BELAIR ROAD CITY/ST/ZIP/CO: BALTIMORE, MD 21206-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL J WEAVER TITLE: DIRECTOR ADDRESS: P O BOX 703 CITY/ST/ZIP/CO: ADAMSTOWN, PA 19501-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES W WETZEL TITLE: DIRECTOR ADDRESS: 139 MANCHESTER STREET CITY/ST/ZIP/CO: GLEN ROCK, PA 17327-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN YODER TITLE: DIRECTOR ADDRESS: 14 SOUTH TOWER ROAD CITY/ST/ZIP/CO: NEW HOLLAND, PA 17557-	<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/ THOMAS TEETER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS TEETER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
9/30/2010 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.	