

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213553239

1.) CORPORATION NAME:

Associated Wholesalers, Inc.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1641986**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

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

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	PO BOX 67		
CITY/ST/ZIP/CO:	ROBESONIA, PA 19551		
NAME:	DAVID FIREK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 67		
CITY/ST/ZIP/CO:	ROBESONIA, PA 19551		
NAME:	MARTIN R BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SANDY RIDGE STATION MALL POX 220		
CITY/ST/ZIP/CO:	ORBISONIA, PA 17243		
NAME:	JOYCE FASULA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	950 NORTH SOUTH ROAD		
CITY/ST/ZIP/CO:	SCRANTON, PA 18504		
NAME:	P.K. HOOVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	790 W. KING STREET SUITE 4		
CITY/ST/ZIP/CO:	LITTLESTOWN, PA 17340		
NAME:	WILMER M HURST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2900 OREGON PIKE		
CITY/ST/ZIP/CO:	LITITZ, PA 17543		

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:	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:	GREG MUSSER DIRECTOR 1584 STONEMILL ROAD LANCASTER, PA 17603	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL ROTHWELL VICE CHAIRMAN 25 ROUTE 31 SOUTH PENNINGTON, NJ 08534	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD RUTTER DIRECTOR 2100 N. GEORGE STREET YORK, PA 17404	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY M STAUFFER DIRECTOR 813 LITITZ PIKE LITITZ, PA 17543	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J WEAVER DIRECTOR P O BOX 703 ADAMSTOWN, PA 19501	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES W WETZEL DIRECTOR 139 MANCHESTER STREET GLEN ROCK, PA 17327	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN YODER DIRECTOR 14 SOUTH TOWER ROAD NEW HOLLAND, PA 17557	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M LIEB SECRETARY P O Box 67 Robesonia, PA 19551	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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:	GEORGE W HASSLER III DIRECTOR 100 Townsedge Drive Quarryville, PA 17566	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH S BANTHEM DIRECTOR 5950 Belair Road Balitmore, MD 21206	<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/ DAVID M LIEB SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID M LIEB, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/4/2013 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.			