

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214549245

1.) CORPORATION NAME:

Associated Wholesalers, Inc.

DUE DATE: **9/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1641986**

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

NAME: DAVID M LIEB OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: P O BOX 67
 CITY/ST/ZIP/CO: ROBESONIA, PA 19551

NAME: MICHAEL ROTHWELL OFFICER DIRECTOR
 TITLE: VICE CHAIRMAN
 ADDRESS: 25 ROUTE 31 SOUTH
 CITY/ST/ZIP/CO: PENNINGTON, NJ 08534

NAME: JOYCE FASULA OFFICER DIRECTOR
 TITLE: CHAIRMAN
 ADDRESS: 950 NORTH SOUTH ROAD
 CITY/ST/ZIP/CO: SCRANTON, PA 18504

NAME: ELIZABETH S BANTHEM OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 5950 BELAIR ROAD
 CITY/ST/ZIP/CO: BALITMORE, MD 21206

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN R BROWN DIRECTOR SANDY RIDGE STATION MALL POX 220 ORBISONIA, PA 17243	<input type="checkbox"/> OFFICER	<input checked="" 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:	P.K. HOOVER DIRECTOR 790 W. KING STREET SUITE 4 LITTLESTOWN, PA 17340	<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:	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:	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: 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/ J CHRISTOPHER MICHAEL	J CHRISTOPHER MICHAEL, P/CEO	11/5/2014
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.		