

1.) CORPORATION NAME:

McClure Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1653056**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4101 N SIXTH ST

CITY/ST/ZIP: HARRISBURG, PA 17110

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: THOMAS F BROWN JR TITLE: PRESIDENT/DIREC ADDRESS: 4101 N SIXTH ST CITY/ST/ZIP/CO: HARRISBURG, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN BOBB TITLE: VP & ASST TREAS ADDRESS: 4101 N SIXTH ST CITY/ST/ZIP/CO: HARRISBURG, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TODD RAY TITLE: EXEC VP ADDRESS: 4101 N SIXTH ST CITY/ST/ZIP/CO: HARRISBURG, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH STEVENS DUANE TITLE: SECRETARY ADDRESS: TWO N NINTH ST CITY/ST/ZIP/CO: ALLENTOWN, PA 18101</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS W KIBEL TITLE: DIRECTOR ADDRESS: 1413 NINTH AVENUE CITY/ST/ZIP/CO: PO BOX 191 BEAVER FALLS, PA 15010</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL E KROBOTH TITLE: DIRECTOR ADDRESS: TWO N NINTH ST CITY/ST/ZIP/CO: ALLENTOWN, PA 18101</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JERRY S WILLS TITLE: VP & ASST SECY ADDRESS: 4101 N SIXTH ST CITY/ST/ZIP/CO: HARRISBURG, PA 17110	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RUSSELL R CLELLAND TITLE: TREASURER ADDRESS: TWO N NINTH ST CITY/ST/ZIP/CO: ALLENTOWN, PA 18101	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DIANE M KOCH TITLE: ASST SECRETARY ADDRESS: TWO N NINTH ST CITY/ST/ZIP/CO: ALLENTOWN, PA 18101	<input checked="" type="checkbox"/> OFFICER <input 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/ DIANE MKOCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANE MKOCH, PRINTED NAME AND CORPORATE TITLE	11/13/2012 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.		