

1.) CORPORATION NAME:

**Heritage Service Corp.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1660549**

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
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 NORTH GULPH ROAD

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406-

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: JOHN S, IANNARELLI  
TITLE: VICE PRESIDENT  
ADDRESS: 460 N. GULPH ROAD  
CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-

OFFICER

DIRECTOR

NAME: JERRY E. SHERIDAN  
TITLE: PRESIDENT  
ADDRESS: 460 N. GULPH ROAD  
CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-

OFFICER

DIRECTOR

NAME: STEVEN A. SAMUEL  
TITLE: VICE PRESIDENT  
ADDRESS: 460 N. GULPH ROAD  
CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-

OFFICER

DIRECTOR

NAME: R PAUL GRADY  
TITLE: VICE PRESIDENT  
ADDRESS: 460 N. GULPH ROAD  
CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-

OFFICER

DIRECTOR

NAME: KAREN Z HICKS  
TITLE: ASST TREASURER  
ADDRESS: 754 RIVER ROCK DR  
CITY/ST/ZIP/CO: HELENA, MT 59602-

OFFICER

DIRECTOR

NAME: HUGH J. GALLAGHER TITLE: TREASURER ADDRESS: 460 N. GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARGARET M. CALABRESE TITLE: ASST SECRETARY ADDRESS: 460 N. GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MATTHEW A. WOODWARD TITLE: ASST SECRETARY ADDRESS: 460 N. GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBERT H. KNAUSS TITLE: SECRETARY ADDRESS: 460 N. GULPH ROAD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<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/ KAREN Z HICKS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN Z HICKS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	3/19/2012 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.