

1.) CORPORATION NAME:

Heritage Service Corp.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET**

SCC ID NO: **F1660549**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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:	JERRY E. SHERIDAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		
NAME:	JOHN S, IANNARELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		
NAME:	STEVEN A. SAMUEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		
NAME:	R PAUL GRADY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		
NAME:	HUGH J. GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		
NAME:	MONICA M GAUDIOSI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	460 N. GULPH ROAD		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

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
---	---	-----------------------------------

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/ MATTHEW A. WOODWARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MATTHEW A. WOODWARD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/6/2014 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.