

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213560215

1.) CORPORATION NAME:

Jones Distribution Corporation

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1732421**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 RITTENHOUSE CIRCLE

CITY/ST/ZIP: BRISTOL, PA 19007

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:	WESLEY R CARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1411 BROADWAY 36TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10018		

NAME:	JOSEPH T. DONNALLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/VP		
ADDRESS:	180 RITTENHOUSE CIRCLE		
CITY/ST/ZIP/CO:	BRISTOL, PA 19007		

NAME:	IRA M DANSKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1411 BROADWAY 36TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10018		

NAME:	CHRISTOPHER CADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	180 RITTENHOUSE CIRCLE		
CITY/ST/ZIP/CO:	BRISTOL, PA 19007		

NAME:	BETH BARBAN DORFSMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1129 WESTCHESTER AVENUE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME:	PATRICIA ANNE LIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1129 WESTCHESTER AVE		
CITY/ST/ZIP/CO:	WHITE PLAINS, NY 10604		

NAME: JOHN T. MCCAIN TITLE: CFO ADDRESS: 1411 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: HELEN SHIN TITLE: ASST SECRETARY ADDRESS: 1129 WESTCHESTER AVE CITY/ST/ZIP/CO: WHITE PLAINS, NY 10604	<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/ JOSEPH T. DONNALLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOSEPH T. DONNALLEY, TREAS/VP PRINTED NAME AND CORPORATE TITLE	12/20/2013 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.