

1.) CORPORATION NAME:

**MYERS, BENNER CORPORATION**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1743774**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
CAP	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: THE ATRIUM STE 201  
2895 HAMILTON BLVD

CITY/ST/ZIP: ALLENTOWN, PA 18104

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:	PETER H DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/D		
ADDRESS:	THE ATRIUM STE 201 2895 HAMILTON BLVD ALLENTOWN, PA 18104		
CITY/ST/ZIP/CO:			

NAME:	JAMES J DOOLEY III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	THE ATRIUM STE 201 2895 HAMILTON BLVD ALLENTOWN, PA 18104		
CITY/ST/ZIP/CO:			

NAME:	HARRY P BIELECKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	THE ATRIUM, STE 201 2895 HAMILTON BLVD. ALLENTOWN, PA 18104		
CITY/ST/ZIP/CO:			

NAME:	PETER J EMIGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	THE ATRIUM STE 201 2895 HAMILTON BLVD ALLENTOWN, PA 18104		
CITY/ST/ZIP/CO:			

NAME:	BRIAN D DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREAS/DIR		
ADDRESS:	THE ATRIUM STE 201 2895 HAMILTON BLVD ALLENTOWN, PA 18104		
CITY/ST/ZIP/CO:			

NAME:	NANCY H DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	THE ATRIUM, STE 201		
CITY/ST/ZIP/CO:	2895 HAMILTON BLVD. ALLENTOWN, PA 18104		

NAME:	MEGAN DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	THE ATRIUM, STE 201		
CITY/ST/ZIP/CO:	2895 HAMILTON BLVD. ALLENTOWN, PA 18104		

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/ PETER H DOOLEY	PETER H DOOLEY, VP/D	3/21/2014
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.