

SCC eFile

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

215514379

1.) CORPORATION NAME:

**WHARTON/LYON & LYON, INC. (USED IN VA
BY:WHARTON/LYON & LYON)**

DUE DATE: **4/30/2015**

SCC ID NO: **F1744012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	500
COMBNV	2,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 S LIVINGSTON AVE

CITY/ST/ZIP: LIVINGSTON, NJ 07039

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:	ROBERT L SILENO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	101 S LIVINGSTON AVE		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		

NAME:	PHYLLIS S. WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	101 S. LIVINGSTON AVE.		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		

NAME:	ROBERTA K. RABIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	101 S. LIVINGSTON AVE.		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		

NAME:	ROBERTA K RABIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	101 S LIVINGSTON AVE		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		

NAME:	BRUCE D GILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	101 S LIVINGSTON AVE		
CITY/ST/ZIP/CO:	LIVINGSTON, NJ 07039		

NAME:	SUSAN M HOLZMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ORLOFF,LOWENBACH,STIFELMAN & SPIEGEL,PA		
CITY/ST/ZIP/CO:	101 EISENHOWER PARKWAY ROSELAND, NJ 07068		

NAME:	CYNTHIA KLEIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O WHARTON/LYON & LYON		
CITY/ST/ZIP/CO:	101 S LIVINGSTON AVE LIVINGSTON, NJ 07039		

NAME:	EDMUND A MIKALOUSKAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/OORLOFF, LOWENBACH, STIFELMAN & SPIEGEL,PA		
CITY/ST/ZIP/CO:	101 EISENHOWER PARKWAY ROSELAND, NJ 07068		

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/ ROBERTA K RABIN	ROBERTA K RABIN, SECRETARY	4/16/2015
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.