

1.) CORPORATION NAME:

Pocono Produce Co., Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1749268**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 669

CITY/ST/ZIP: STROUDSBURG, PA 18360

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.

<p>NAME: TERRENCE B SNYDER TITLE: PRES/DIR ADDRESS: 1301 MAZZETTI ROAD CITY/ST/ZIP/CO: STROUDSBURG, PA 18360</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROSEMARY D OLOFSSON TITLE: CHMN/CEO/DIR ADDRESS: 1305 MAZZETTI ROAD CITY/ST/ZIP/CO: STROUDSBURG, PA 18360</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANA S AHNERT TITLE: ASST SECTY/DIR ADDRESS: 1629 E. SUGAR MTN RD CITY/ST/ZIP/CO: BUSHKILL, PA 18324</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARIANNE D SNYDER TITLE: SECY/TREAS/DIR ADDRESS: 1301 MAZZETTI ROAD CITY/ST/ZIP/CO: STROUDSBURG, PA 18360</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN T AHNERT TITLE: DIRECTOR ADDRESS: 1629 E. SUGAR MTN RD CITY/ST/ZIP/CO: BUSHKILL, PA 18324</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KRISTIN M. MCDONALD TITLE: DIRECTOR ADDRESS: 8109 ST. MARTIN CITY/ST/ZIP/CO: PHILADELPHIA, PA 19118</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY SINGER DIRECTOR 120 INDEPENDENCE RD E. STROUDSBURG, PA 18301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARA M SNYDER DIRECTOR 1303 MAZZETTI RD STROUDSBURG,, PA 18360	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DREW E SNYDER DIRECTOR 1301 MAZZETTI RD STROUDSBURG, PA 18360	<input type="checkbox"/> OFFICER	<input checked="" 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/ ROSEMARY D OLOFSSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROSEMARY D OLOFSSON, CHMN/CEO/DIR PRINTED NAME AND CORPORATE TITLE	4/25/2014 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.			