

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214523978

1.) CORPORATION NAME:

NORTHEAST AGENCIES, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1754615**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2775 Sanders Road

CITY/ST/ZIP: Northbrook, IL 60062

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK A GREEN		
TITLE:	PRESIDENT		
ADDRESS:	2775 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAMUEL H PILCH		
TITLE:	VICE PRESIDENT		
ADDRESS:	3075 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN L LEES		
TITLE:	SECRETARY		
ADDRESS:	2775 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARIO RIZZO		
TITLE:	TREASURER		
ADDRESS:	3075 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK A GREEN		
TITLE:	DIRECTOR		
ADDRESS:	2775 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHANNON M BOWES		
TITLE:	DIRECTOR		
ADDRESS:	3075 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME: FRANK R FIARITO TITLE: AUTHORIZED REP. ADDRESS: 3075 SANDERS ROAD CITY/ST/ZIP/CO: NORTHBROOK, IL 60062	<input type="checkbox"/> OFFICER	<input checked="" 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/ FRANK RFIARITO	FRANK RFIARITO,	5/6/2014
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.