

1.) CORPORATION NAME:

Loomis & Lapann, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1755653**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 89 SARATOGA AVE

CITY/ST/ZIP: SOUTH GLENS FALLS, NY 12803

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 checked="" type="checkbox"/> DIRECTOR
NAME:	MARK E BULMER	
TITLE:	PRES/CEO	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES J GOODSPEED	
TITLE:	VICE PRESIDENT	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICK A LEONELLI	
TITLE:	VP/ASST SEC	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL R MCPHILLIPS	
TITLE:	VICE PRESIDENT	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	NEIL G MCPHILLIPS	
TITLE:	VICE PRESIDENT	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TERRY R GOODEMOTE	
TITLE:	TREASURER	
ADDRESS:	89 SARATOGA AVENUE	
CITY/ST/ZIP/CO:	SOUTH GLENS FALLS, NY 12803	

NAME: DAVID S DEMARCO TITLE: COB ADDRESS: 89 SARATOGA AVENUE CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY J JOLY TITLE: SR VICE PRESIDE ADDRESS: 89 SARATOGA AVE CITY/ST/ZIP/CO: SOUTHGLEN FALLS, NY 12803	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DOUGLAS F WELCH TITLE: SECRETARY ADDRESS: 89 SARATOGA AVENUE CITY/ST/ZIP/CO: SOUTH GLENS FALLS, NY 12803	<input checked="" 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/ GREGORY J JOLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY J JOLY, SR VICE PRESIDE PRINTED NAME AND CORPORATE TITLE	5/12/2014 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.		