

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213532885

1.) CORPORATION NAME:

**PET VALU, INC.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1800574**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 489 DEVON PARK DRIVE SUITE 320  
SUITE 320

CITY/ST/ZIP: WAYNE, PA 19087

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:	THOMAS MCNEELY				
TITLE:	PRESIDENT				
ADDRESS:	489 DEVON PARK DR				
	STE 320				
CITY/ST/ZIP/CO:	WAYNE, PA 19087				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	C. WAYNE BALSINGER				
TITLE:	VP/CFO/S				
ADDRESS:	489 DEVON PARK DR, STE 320				
CITY/ST/ZIP/CO:	WAYNE, PA 19087				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	EZRA S FIELD				
TITLE:	DIRECTOR				
ADDRESS:	489 DEVON PARK DR				
	STE 320				
CITY/ST/ZIP/CO:	WAYNE, PA 19087				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOSEPH DENT				
TITLE:	VICE PRESIDENT				
ADDRESS:	489 DEVON PARK DRIVE				
	SUITE 320				
CITY/ST/ZIP/CO:	WAYNE, PA 19087				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	STEVEN LAUDEL				
TITLE:	VICE PRESIDENT				
ADDRESS:	489 DEVON PARK DRIVE				
	SUITE 320				
CITY/ST/ZIP/CO:	WAYNE, PA 19087				

NAME:	PETER FRAGNELLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	489 DEVON APRK DRIVE		
CITY/ST/ZIP/CO:	SUITE 320 WAYNE, PA 19087		

NAME:	MATTHEW C KAE LIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	489 DEVON PARK DRIVE		
CITY/ST/ZIP/CO:	SUITE 320 WAYNE, PA 19087		

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/ C. WAYNE BALSINGER	C. WAYNE BALSINGER, VP/CFO/S	7/16/2013
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.