

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213547125

1.) CORPORATION NAME:

MRO Corporation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA**

SCC ID NO: **F1804832**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000,000
COMNV	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1016 W 8TH AVE
SUITE A

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406

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:	STEPHEN T. HYNES		
TITLE:	PRESIDENT		
ADDRESS:	1016 W. 8TH AVENUE, SUITE A		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	H. DANIEL HEIST		
TITLE:	CEO		
ADDRESS:	1016 W. 8TH AVENUE, SUITE A		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID BORDEN		
TITLE:	CTO		
ADDRESS:	1016 W. 8TH AVENUE, SUITE A		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD J. REYNOLDS		
TITLE:	CFO		
ADDRESS:	1016 W. 8TH AVENUE, SUITE A		
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J. FARRELL		
TITLE:	DIRECTOR		
ADDRESS:	533 ORIOLE LANE		
CITY/ST/ZIP/CO:	VILLANOVA, PA 19085		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARTIN MARSHALL		
TITLE:	DIRECTOR		
ADDRESS:	646 LAKEVIEW CIRCLE		
CITY/ST/ZIP/CO:	NEWTOWN SQUARE, PA 19073		

NAME:	PETER SCHMITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 VINTAGE PARK DRIVE		
CITY/ST/ZIP/CO:	ZEBULON, NC 27597		

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/ RICHARD J. REYNOLDS	RICHARD J. REYNOLDS, CFO	10/10/2013
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.