

1.) CORPORATION NAME:

**Hickok & Boardman, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC  
7288 HANOVER GREEN DR  
MECHANICSVILLE, VA**

SCC ID NO: **F1862731**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 346 SHELBURNE ROAD

CITY/ST/ZIP: BURLINGTON, VT 05401

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: SCOTT BOARDMAN TITLE: PRESIDENT ADDRESS: 346 SHELBURNE ROAD CITY/ST/ZIP/CO: BURLINGTON, VT 05401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN AITCHISON TITLE: VICE PRESIDENT ADDRESS: 2 PIONEER STREET CITY/ST/ZIP/CO: MONTPELIER, VT 05602</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: I. MUNN BOARDMAN, III TITLE: VICE PRESIDENT ADDRESS: 130 UPPER WELDON ST. CITY/ST/ZIP/CO: ST. ALBANS, VT 05478</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: D. MICHAEL BOARDMAN, JR. TITLE: SR VP/SECRETARY ADDRESS: 346 SHELBURNE ROAD CITY/ST/ZIP/CO: BURLINGTON, VT 05401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SHANNON KING TITLE: VICE PRESIDENT ADDRESS: 346 SHELBURNE ROAD CITY/ST/ZIP/CO: BURLINGTON, VT 05401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAUL E. PLUNKETT TITLE: SENIOR VP ADDRESS: 346 SHELBURNE ROAD CITY/ST/ZIP/CO: BURLINGTON, VT 05401</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER RICKER VICE PRESIDENT 2 PIONEER STREET MONTPELIER, VT 05602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLA BOARDMAN SMALLING VICE PRESIDENT 346 SHELBURNE ROAD BURLINGTON, VT 05401	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD S SMITH VICE PRESIDENT 618 SOUTH MAIN STREET STOWE, VT 05672	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ANN DION TREASURER 346 SHELBURNE ROAD BURLINGTON, VT 05401	<input checked="" type="checkbox"/> OFFICER	<input 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/ SCOTT BOARDMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT BOARDMAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/18/2014 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.			