

1.) CORPORATION NAME:

**Berger Group Holdings, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER 16TH FL  
1111 EAST MAIN STREET**

SCC ID NO: **F1870312**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 412 MT KEMBLE AVE

CITY/ST/ZIP: MORRISTOWN, NJ 07962-1962

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.

NAME:	NICHOLAS J MASUCCI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	412 MOUNT KEMBLE AVENUE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07962		

NAME:	LUKE MCKINNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	412 MOUNT KEMBLE AVENUE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07962		

NAME:	MICHAEL REAP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	412 MOUNT KEMBLE AVENUE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07962		

NAME:	GERALD D WOODWARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	412 MOUNT KEMBLE AVENUE		
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07962		

NAME:	FREDRIC S BERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1250 23RD ST, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20037		

NAME:	ERNEST A PORTFORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2955 VIRTUAL WAY, SUITE 500		
CITY/ST/ZIP/CO:	VANCOUVER, V5M 4X6, CA		

NAME: FRANCOIS FARHI TITLE: DIRECTOR ADDRESS: 55 BIS QUAI DE GRENELLE CITY/ST/ZIP/CO: PARIS, 75015, FR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERARD H SCHWARTZ TITLE: DIRECTOR ADDRESS: 10 DEERFIELD RD CITY/ST/ZIP/CO: ST. LOUIS, MO 63124	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THEODORE M ARMSTRONG TITLE: DIRECTOR ADDRESS: 7730 CARONDELET, SUITE 103 CITY/ST/ZIP/CO: ST. LOUIS, MO 63105	<input 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/ LUKE MCKINNON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LUKE MCKINNON, TREASURER PRINTED NAME AND CORPORATE TITLE	8/27/2012 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.		