

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214552328

1.) CORPORATION NAME:

The Middlesex Corporation

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1877135**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	4,500
COMNV	8,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE SPECTACLE POND ROAD

CITY/ST/ZIP: LITTLETON, MA 01460

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:	ROBERT W. PEREIRA, II		
TITLE:	PRESIDENT, COO		
ADDRESS:	ONE SPECTACLE POND ROAD		
CITY/ST/ZIP/CO:	LITTLETON, MA 01460		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ALFRED S. APONAS		
TITLE:	PRESIDENT, S.E.		
ADDRESS:	1081 COSMONAUT BLVD.		
CITY/ST/ZIP/CO:	ORLANDO, FL 32824		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT L. MABARDY		
TITLE:	PRESIDENT, N.E.		
ADDRESS:	ONE SPECTACLE POND ROAD		
CITY/ST/ZIP/CO:	LITTLETON, MA 01460		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN P. CAVATORTA		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE SPECTACLE POND ROAD		
CITY/ST/ZIP/CO:	LITTLETON, MA 01460		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER J. MARTINKUS		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE SPECTACLE POND ROAD		
CITY/ST/ZIP/CO:	LITTLETON, MA 01460		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID SKERRETT, SR.		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE SPECTACLE POND ROAD		
CITY/ST/ZIP/CO:	LITTLETON, MA 01460		

NAME: DAVID P. SOCCI TITLE: VICE PRESIDENT ADDRESS: ONE SPECTACLE POND ROAD CITY/ST/ZIP/CO: LITTLETON, MA 01460	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT W. PEREIRA TITLE: CEO ADDRESS: 10801 COSMONAUT BLVD. CITY/ST/ZIP/CO: ORLANDO, FL 32824	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT N. JACOBSON TITLE: DIRECTOR ADDRESS: ONE SPECTACLE POND ROAD CITY/ST/ZIP/CO: LITTLETON, MA 01460	<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/ ROBERT W. PEREIRA, II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W. PEREIRA, II, PRESIDENT, COO PRINTED NAME AND CORPORATE TITLE	12/5/2014 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.		