

1.) CORPORATION NAME:

**CHAMPLAIN ENTERPRISES INC.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CTR 16TH FLR  
1111 E MAIN ST**

SCC ID NO: **F1889908**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,460,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 240 VALLEY RD

CITY/ST/ZIP: SOUTH BURLINGTON, VT 05403

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:	ANDREW PRICE	
TITLE:	P/T	
ADDRESS:	240 VALLEY RD	
CITY/ST/ZIP/CO:	S BURLINGTON, VT 05403	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOEL RAYMOND	
TITLE:	EXEC VP	
ADDRESS:	24950 COUNTRY CLUB BLVD	
CITY/ST/ZIP/CO:	NORTH OLMSTED, OH 44070	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL FRESCH	
TITLE:	VP OPERATIONS	
ADDRESS:	240 VALLEY RD	
CITY/ST/ZIP/CO:	S BURLINGTON, VT 05403	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARYSUE KELSEN	
TITLE:	VP-FINANCE	
ADDRESS:	240 VALLEY RD	
CITY/ST/ZIP/CO:	S BURLINGTON, VT 05403	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES PAGE II	
TITLE:	VP MAINT.	
ADDRESS:	240 VALLEY RD	
CITY/ST/ZIP/CO:	S BURLINGTON, VT 05403	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS C PIERSON	
TITLE:	SECRETARY	
ADDRESS:	240 VALLEY RD	
CITY/ST/ZIP/CO:	S BURLINGTON, VT 05403	

NAME: JOHN A SULLIVAN JR TITLE: CHAIR/CEO ADDRESS: 240 VALLEY RD CITY/ST/ZIP/CO: S BURLINGTON, VT 05403	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: E. JAMES DROLLETTE TITLE: DIRECTOR ADDRESS: 240 VALLEY RD CITY/ST/ZIP/CO: S BURLINGTON, VT 05403	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANTONY VON ELBE TITLE: DIRECTOR ADDRESS: 240 VALLEY RD CITY/ST/ZIP/CO: S BURLINGTON, VT 05403	<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/ MARYSUE KELSEN	MARYSUE KELSEN, VP-FINANCE	3/27/2015		
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.				