

1.) CORPORATION NAME:

LandVest, Inc.

DUE DATE: **3/5/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1914268**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	160,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Ten Post Office Square

CITY/ST/ZIP: Boston, MA 02109

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:	Stephen J Mongan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	16 Centre Street		
CITY/ST/ZIP/CO:	Concord, NH 03301		
NAME:	David A Rosen	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	John P Graves	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Ruth Kennedy Sudduth	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Richard Carbonetti	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5806 US Route 5 Suite 2		
CITY/ST/ZIP/CO:	Newport, VT 05855		
NAME:	Lester Alan Mackey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	141-B Highway 27 East		
CITY/ST/ZIP/CO:	Americus, GA 31709		

NAME:	David King	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7640 North State Street		
CITY/ST/ZIP/CO:	Lowville, NY 13367		
NAME:	David Speirs	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	One City Center		
CITY/ST/ZIP/CO:	11th Floor Portland, ME 04101		
NAME:	Teresa A Belmonte	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	60 State Street		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Jessica L MacKenzie	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Robert R Borden III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Slater W Anderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
NAME:	Joseph L Taggart	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16 Centre Street		
CITY/ST/ZIP/CO:	Concord, NH 03301		
NAME:	Terrence Maitland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Ten Post Office Square		
CITY/ST/ZIP/CO:	Boston, MA 02109		
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/ John PGraves	John PGraves,	3/5/2013	
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.			