

1.) CORPORATION NAME:

DUE DATE: **11/30/2014**

LandVest, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1914268**

**INCORP SERVICES, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	160,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER 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.

<p>NAME: STEPHEN J MONGAN TITLE: PRESIDENT ADDRESS: 16 CENTRE STREET CITY/ST/ZIP/CO: CONCORD, NH 03301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD CARBONETTI TITLE: VICE PRESIDENT ADDRESS: 5806 US ROUTE 5 SUITE 2 CITY/ST/ZIP/CO: NEWPORT, VT 05855</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID A ROSEN TITLE: VICE PRESIDENT ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RUTH KENNEDY SUDDUTH TITLE: VICE PRESIDENT ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID KING TITLE: VICE PRESIDENT ADDRESS: 7640 NORTH STATE STREET CITY/ST/ZIP/CO: LOWVILLE, NY 13367</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LESTER ALAN MACKEY TITLE: VICE PRESIDENT ADDRESS: 141-B HIGHWAY 27 EAST CITY/ST/ZIP/CO: AMERICUS, GA 31709</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DAVID SPEIRS TITLE: VICE PRESIDENT ADDRESS: ONE CITY CENTER 11TH FLOOR CITY/ST/ZIP/CO: PORTLAND, ME 04101	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN P GRAVES TITLE: TREASURER ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERESA A BELMONTE TITLE: SECRETARY ADDRESS: 60 STATE STREET CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JESSICA L MACKENZIE TITLE: ASST SECRETARY ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT R BORDEN III TITLE: CHAIRMAN ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SLATER W ANDERSON TITLE: DIRECTOR ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERRENCE MAITLAND TITLE: DIRECTOR ADDRESS: TEN POST OFFICE SQUARE CITY/ST/ZIP/CO: BOSTON, MA 02109	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH L TAGGART TITLE: DIRECTOR ADDRESS: 16 CENTRE STREET CITY/ST/ZIP/CO: CONCORD, NH 03301	<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/ JOHN P GRAVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN P GRAVES, TREASURER PRINTED NAME AND CORPORATE TITLE
10/3/2014 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.	