

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012 Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No. 70284	McLane/M	2. Name of Corporation McLane/Mid-Atlantic, Inc.				
3. Street Address Principal Business Office 4747 McLane Parkway			City Temple	State TX	76504	
4. Business Phone No. 5. State of Incorporation Texas						
6. Brief Description of the Ch Wholesale Grocery D	istribution					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Mike Youngblood			ACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  James L. Kent			
Street Address 4747 McLane Parkway			Street Address 4747 McLane Parkway			
City: Temple	State TX	<sup>Zip</sup> 76504	<i>cin</i> Temple	State TX	<sup>Ζίρ</sup> 76504	
Secretary Name Len Mewhinney			Treasurer Name Kevin J. Koch			
Street Address 4747 McLane Parkway			Street Address 4747 McLane Parkway			
City <b>Temple</b>	State TX	<sup>Zip</sup> 76504	City Temple	State TX	Ζφ 76504	
8. NAMES AND ADDR Director Name William G. Rosier	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT) T FILE Director Name James L. Kent	. IN SPACES BEFORE USIN	G ATTACHMENTS	
street Address 4747 McLane Parkway			Street Address 4747 McLane Parkway			
Chy	State	Ζip	City	State	Zip	
Temple	Tx	76504	Temple	TX	76504	
Director Name  Mike Youngblood			Director Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address 4747 McLane Parkway			Street Address			
ातुः Temple	State TX	<sup>Zip</sup> 76504	City	State	Zip	
), SHARES AUTHORIZ	ED .		. "	ED ("X" BOX FOR ATTACE SECTION MUST BE COMPLETED	HMENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Sbares	Class/Series	Par Value	
			10,000	Common	\$0.10	
			1438 13			
This report must be executive the report must be executed by t	ecuted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the pr trustee.	e corporation is in the hands	s of a receiver or tru	
			Under penalty of	of perjury, I declare and affirm t	hat I have examined	

File Date	FILE
Check No.	JAN 27 280
Ву:	1000076243
FOR S	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare a	and affirm that I have examined this report,
	ules and statements, and that all statements
contained herein are true and correct	
	1/12/12
Signature	Date
Kevin J. Koch	
Print or Type Name	
Treasurer	
Title	
	Form 630 Rev. 08/08