

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215122402



1. CORPORATION NAME:
ITG CONSULTANTS, INC.

DUE DATE: 09/30/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street
RICHMOND, VA 23219

SCC ID NO.: F176708-8

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
216-RICHMOND CITY

4. STATE OR COUNTRY OF INCORPORATION:
PA-PENNSYLVANIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 3738 GREENWOOD RD CITY/ST/ZIP ROCKTON, PA 15856	ADDRESS: CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DAVID L JOHNSON TITLE: PRESIDENT ADDRESS: 3738 GREENWOOD ROAD CITY/ST/ZIP: ROCKTON, PA 15856	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

DAVID L JOHNSON, President 27 July 2015
PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:
ITG CONSULTANTS, INC.

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: GALE R ERICKSEN TITLE: VICE PRESIDENT ADDRESS: 19313 YELLOW CLOVER DRIVE CITY/ST/ZIP: TAMPA, FL 33647</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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