

1.) CORPORATION NAME:

LAWRENCE TRANSPORTATION SYSTEMS, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PEER SEGELKE
872 LEE HIGHWAY
ROANOKE, VA**

SCC ID NO: **00733006**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	500,000
COMNV	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BOTETOURT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 872 LEE HIGHWAY

CITY/ST/ZIP: ROANOKE, VA 24019

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:	BARRY L HOLLAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	748 LITTLE TIMBER RIDGE		
CITY/ST/ZIP/CO:	BUCHANAN, VA 24066		
NAME:	LAWRENCE J HARRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	83 NORA VALLEY DRIVE		
CITY/ST/ZIP/CO:	TROUTVILLE, VA 24175		
NAME:	LAWRENCE J HARRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	83 NORA VALLEY DRIVE		
CITY/ST/ZIP/CO:	TROUTVILLE, VA 24175		
NAME:	JAMES D ROBINSON II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3409 POOR FARM ROAD		
CITY/ST/ZIP/CO:	FINCASTLE, VA 24090		
NAME:	RONALD E SPANGLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	60 JAY RIDGE ROAD		
CITY/ST/ZIP/CO:	CLOVERDALE, VA 24077		
NAME:	CHRISTOPHER K BALLARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 104		
CITY/ST/ZIP/CO:	TROUTVILLE, VA 24175		

NAME: JOHN CUTRIGHT TITLE: DIRECTOR ADDRESS: 686 LEE HIGHWAY CITY/ST/ZIP/CO: ROANOKE, VA 24019	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID B HANGER TITLE: VICE PRESIDENT ADDRESS: 767 JERUSALEM CHAPEL RD CITY/ST/ZIP/CO: CHURCHVILLE, VA 24421	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Peer August Segelke TITLE: VICE PRESIDENT ADDRESS: 2168 Harding Road CITY/ST/ZIP/CO: Blacksburg, VA 24060	<input checked="" type="checkbox"/> OFFICER <input 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/ Peer AugustSegelke SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Peer AugustSegelke, PRINTED NAME AND CORPORATE TITLE	10/4/2013 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.		