

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216522677

1.) CORPORATION NAME:

**THE W. TED AUSTIN INSURANCE AGENCY,
INCORPORATED**

DUE DATE: **5/31/2016**

SCC ID NO: **01084904**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM T AUSTIN
3917 OLD LEE HWY #12A
FAIRFAX, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3917 OLD LEE HWY #12A

CITY/ST/ZIP: FAIRFAX, VA 22030

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:	WILLIAM T. AUSTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3165 HOLMES RUN ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-4317		

NAME:	CATHERINE B. AUSTIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3165 HOLMES RUN ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042-4317		

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/ WILLIAM T. AUSTIN	WILLIAM T. AUSTIN, PRESIDENT	6/17/2016
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.