

1.) CORPORATION NAME:

INTERSTATE INTERNATIONAL, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **01113067**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
ARTHUR E. MORRISSETTE, JR.
5801 ROLLING ROAD
SPRINGFIELD, VA 22152**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	4,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5801 ROLLING RD

CITY/ST/ZIP: SPRINGFIELD, VA 22152-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR E MORRISSETTE IV	
TITLE:	PRESIDENT	
ADDRESS:	5801 ROLLING RD	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENNETH MORRISSETTE	
TITLE:	VICE PRESIDENT	
ADDRESS:	5801 ROLLING ROAD	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR E MORRISSETTE JR	
TITLE:	CHAIRMAN/T	
ADDRESS:	7733 BLACK WALNUT CT	
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONALD J MORRISSETTE	
TITLE:	SECRETARY	
ADDRESS:	5801 ROLLING RD	
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT T S COLBY	
TITLE:	DIRECTOR	
ADDRESS:	117 NORTH FAIRFAX ST	
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-	

NAME: JOHN D MORRISSETTE TITLE: VICE PRESIDENT ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE LARKIN TITLE: CFO ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDOM HILLS RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CATHIE HATFIELD TITLE: ASST SECRETARY ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<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/ CATHIE HATFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHIE HATFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
3/14/2011 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.	