

1.) CORPORATION NAME:

VIRGINIA TRANSFORMER CORP.

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
PRABHAT K JAIN
220 GLADE VIEW DR NE
ROANOKE, VA 24012**

SCC ID NO: **01319565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 220 GLADE VIEW DR NE

CITY/ST/ZIP: ROANOKE, VA 24012-

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: PRABHAT K JAIN
TITLE: PRESIDENT
ADDRESS: 5292 PEREGRINE CREST CIR
CITY/ST/ZIP/CO: ROANOKE, VA 24014-

OFFICER

DIRECTOR

NAME: BHARATI JAIN
TITLE: DIRECTOR
ADDRESS: 1856 CLARENDON BLVD
CITY/ST/ZIP/CO: ARLINGTON, VA 22201-

OFFICER

DIRECTOR

NAME: STEVEN S NELSON
TITLE: CFO
ADDRESS: 4240 MIDLANE DR
CITY/ST/ZIP/CO: WADSWORTH, IL 60083-

OFFICER

DIRECTOR

NAME: NEERJA GURSHANEY
TITLE: DIRECTOR
ADDRESS: 7500 TUTLEY TERRACE
CITY/ST/ZIP/CO: CLIFTON, VA 20124-

OFFICER

DIRECTOR

NAME: SUBHAS SARKAR
TITLE: VICE PRESIDENT
ADDRESS: 2912 GLENMONT DR
CITY/ST/ZIP/CO: ROANOKE, VA 24018-

OFFICER

DIRECTOR

NAME: MATT GREGG TITLE: COO ADDRESS: 2243 BEAVERS LANE CITY/ST/ZIP/CO: VINTON, VA 24179-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FRED GOPALAKRISHNAN TITLE: DIRECTOR ADDRESS: 202 CHALON DR CITY/ST/ZIP/CO: CAREY, NC 27511-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DON SMITH TITLE: DIRECTOR ADDRESS: 415 CANTERBURY LANE CITY/ST/ZIP/CO: ROANOKE, VA 24014-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SANTOSH JAIN TITLE: DIRECTOR ADDRESS: 5292 PEREGRINE CREST CITY/ST/ZIP/CO: ROANOKE, VA 24018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MEENAKSHI JAIN TITLE: DIRECTOR ADDRESS: 72 AUDUBON DR CITY/ST/ZIP/CO: CHESTNUT HILL, MA 02467-	<input type="checkbox"/> OFFICER <input checked="" 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/ STEVEN S NELSON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN S NELSON, CFO _____ PRINTED NAME AND CORPORATE TITLE	5/4/2011 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.		