

1.) CORPORATION NAME:

VIRGINIA TRANSFORMER CORP.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **01319565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	25,000
COMBV	25,000

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.

<p>NAME: PRABHAT K JAIN TITLE: PRESIDENT ADDRESS: 5292 PEREGRINE CREST CIR CITY/ST/ZIP/CO: ROANOKE, VA 24014</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SUBHAS SARKAR TITLE: VICE PRESIDENT ADDRESS: 2912 GLENMONT DR CITY/ST/ZIP/CO: ROANOKE, VA 24018</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATT GREGG TITLE: COO ADDRESS: 2243 BEAVERS LANE CITY/ST/ZIP/CO: VINTON, VA 24179</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN S NELSON TITLE: CFO ADDRESS: 4240 MIDLANE DR CITY/ST/ZIP/CO: WADSWORTH, IL 60083</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: FRED GOPALAKRISHNAN TITLE: DIRECTOR ADDRESS: 202 CHALON DR CITY/ST/ZIP/CO: CAREY, NC 27511</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: NEERJA GURSHANEY TITLE: DIRECTOR ADDRESS: 7500 TUTLEY TERRACE CITY/ST/ZIP/CO: CLIFTON, VA 20124</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BHARATI JAIN TITLE: DIRECTOR ADDRESS: 1856 CLARENDON BLVD CITY/ST/ZIP/CO: ARLINGTON, VA 22201	<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/ PRABHAT K JAIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRABHAT K JAIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	9/23/2015 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.		