

1.) CORPORATION NAME:

**CENTRAL VIRGINIA TRANSIT MANAGEMENT COMPANY,
INC.**

DUE DATE: **6/30/2015**

SCC ID NO: **01534510**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 VINE STREET
SUITE 1400

CITY/ST/ZIP: CINCINNATI, OH 45202

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 type="checkbox"/> DIRECTOR
NAME:	BRUCE J. RASCH	
TITLE:	PRESIDENT	
ADDRESS:	600 VINE STREET	
	SUITE 1400	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRADLEY THOMAS	
TITLE:	PRESIDENT	
ADDRESS:	705 CENTRAL AVE.	
	SUITE 300	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN BEECHEM	
TITLE:	ASST SECRETARY	
ADDRESS:	600 VINE STREET	
	SUITE 1400	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRADLEY THOMAS	
TITLE:	DIRECTOR	
ADDRESS:	705 CENTRAL AVE.	
	SUITE 300	
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202	

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/ BRIAN BEECHEM	BRIAN BEECHEM, ASST	6/30/2015
_____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ SECRETARY 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.