

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216519129

1.) CORPORATION NAME:

GORDON B. MARSHALL INSURANCE AGENCY, INC.

DUE DATE: **7/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LINDA D MARSHALL
1216 CROWDER DR
PO BOX 705**

SCC ID NO: **01605336**

MIDLOTHIAN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1216 CROWDER DR
PO BOX 705

CITY/ST/ZIP: MIDLOTHIAN, VA 23113

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:	GORDON BARRON MARSHALL, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1216 CROWDER DR		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	LINDA DARDOISE MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1216 CROWDER DR		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

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/ LINDA DARDOISE MARSHALL	LINDA DARDOISE MARSHALL,	5/21/2016
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.