

1.) CORPORATION NAME:

**A. WORLD WIDE MOVING, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **10/31/2011**

SCC ID NO: **01793207**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	4,500

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.

NAME: JOHN D MORRISSETTE  
TITLE: PRESIDENT  
ADDRESS: 5801 ROLLING ROAD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: KENNETH MORRISSETTE  
TITLE: VICE PRESIDENT  
ADDRESS: 5801 ROLLING ROAD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: DONALD J MORRISSETTE  
TITLE: VP/S  
ADDRESS: 5801 ROLLING ROAD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE JR  
TITLE: CHAIRMAN/T  
ADDRESS: 5801 ROLLING ROAD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ROBERT T. S. COLBY  
TITLE: DIRECTOR  
ADDRESS: 117 NORTH FAIRFAX STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE IV 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 SUITE 600 CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CATHIE HATFIELD TITLE: ASST SECRETARY ADDRESS: 5224 GAINSBOROUGH DR CITY/ST/ZIP/CO: FAIRFAX, 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.		
<u>/s/ CATHIE HATFIELD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CATHIE HATFIELD, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/28/2011</u> 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.		