

1.) CORPORATION NAME:

**TOMLINSON EXTERMINATING SERVICES, INC.**

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTOPHER TOMLINSON  
BOX 355  
GLOUCESTER, VA**

SCC ID NO: **02082907**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**GLOUCESTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BOX 355

CITY/ST/ZIP: GLOUCESTER, VA 23061

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 checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLOTTE G TOMLINSON	
TITLE:	PRESIDENT	
ADDRESS:	3387 LEES NECK FARM ROAD	
CITY/ST/ZIP/CO:	SALUDA, VA 23149	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL C TOMLINSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	6324 STONEHEDGE WAY	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFERY L TOMLINSON	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 1692	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHELLY M TOMLINSON	
TITLE:	S/T	
ADDRESS:	PO BOX 1692	
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061	

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/ CHARLOTTE G TOMLINSON	CHARLOTTE G TOMLINSON,	8/31/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.