

1.) CORPORATION NAME:

VETERANS CAB ASSOCIATION, INC.

DUE DATE: **2/28/2011**

SCC ID NO: **02145217**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

HUGH H RENALDS

4510 JEFFERSON DAVIS HWY

RICHMOND, VA 23234-3163

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4510 JEFFERSON DAVIS HWY

CITY/ST/ZIP: RICHMOND, VA 23234-

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: THOMAS L POWERS
TITLE: PRESIDENT
ADDRESS: 8901 CHESTER FOREST LN
CITY/ST/ZIP/CO: RICHMOND, VA 23237-

OFFICER

DIRECTOR

NAME: BERCHER W BARRETT III
TITLE: VICE PRESIDENT
ADDRESS: 5717 QUIET PINE CIR #202
CITY/ST/ZIP/CO: CHESTERFIELD, VA 23831-

OFFICER

DIRECTOR

NAME: MARTHA E POWERS
TITLE: SECRETARY
ADDRESS: 8901 CHESTER FOREST LANE
CITY/ST/ZIP/CO: RICHMOND, VA 23237-

OFFICER

DIRECTOR

NAME: JAMES R BARRETT
TITLE: DIRECTOR
ADDRESS: 11210 SUNFIELD CT
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112-

OFFICER

DIRECTOR

NAME: BERCHER WILLIAM BARRETT IV
TITLE: DIRECTOR
ADDRESS: PO BOX 26132
CITY/ST/ZIP/CO: RICHMOND, VA 23260-

OFFICER

DIRECTOR

NAME: EDDY W HESTER TITLE: DIRECTOR ADDRESS: 6272 BUNKER HILL DRIVE CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DARYL D HOLLOWAY TITLE: DIRECTOR ADDRESS: 2645 SUSTEN LN CITY/ST/ZIP/CO: RICHMOND, VA 23224-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JACQUELYN D MYERS TITLE: DIRECTOR ADDRESS: 5495 SCANDIA ROAD CITY/ST/ZIP/CO: SANDSTON, VA 23150-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HUGH H RENALDS TITLE: DIRECTOR ADDRESS: 11 SKIPWITH GREEN CIR CITY/ST/ZIP/CO: HENRICO, VA 23294-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LORI RICHMOND TITLE: DIRECTOR ADDRESS: 111 WHITESIDE ROAD CITY/ST/ZIP/CO: SANDSTON, VA 23150-	<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/ THOMAS L POWERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS L POWERS, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	6/17/2011 _____ 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.		