

1.) CORPORATION NAME:

INTERSTATE RELOCATION SERVICE, INC.

DUE DATE: **9/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **02614857**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	4,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

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: ARTHUR E MORRISSETTE IV
TITLE: PRESIDENT
ADDRESS: 5801 ROLLING RD
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/SEC
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE JR
TITLE: CHAIRMAN/T
ADDRESS: 7733 BLACK WALNUT CT
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: JOHN D MORRISSETTE TITLE: VICE PRESIDENT ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDOM HILL RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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NAME: CATHIE HATFIELD TITLE: ASST SECRETARY ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ CATHIE HATFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHIE HATFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	7/28/2011 DATE
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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.