

1.) CORPORATION NAME:

**INDUSTRIAL TURNAROUND CORPORATION**

DUE DATE: **3/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CRAIG L RASCOE**

**WILLIAMS MULLEN**

**200 SOUTH 10TH STREET, SUITE 1600**

**RICHMOND, VA 23219**

SCC ID NO: **03190964**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	20,000
COMNV	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13141 N ENON CHURCH ROAD

CITY/ST/ZIP: CHESTER, VA 23836-

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:	DANIEL JON LOFTIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/T		
ADDRESS:	10600 CHALKLEY ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23237-		
NAME:	RICHARD W STARNES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/S		
ADDRESS:	6701 MASADA DRIVE		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23838-		
NAME:	SIDNEY M HARRISON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHRMN		
ADDRESS:	12905 HOGANS ALLEY		
CITY/ST/ZIP/CO:	CHESTER, VA 23831-		
NAME:	STEVEN H. GORDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRINCIPAL		
ADDRESS:	11311 WOODLAND POND PKWY		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23838-		
NAME:	RAYMOND M. HARRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRINCIPAL		
ADDRESS:	2201 MOUNT BLANCO ROAD		
CITY/ST/ZIP/CO:	CHESTER, VA 23831-		

NAME: WALTER B JOHNSON III TITLE: PRINCIPAL ADDRESS: 14500 SARUM TERRACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOHN S. MOODY TITLE: PRINCIPAL ADDRESS: 1343 BACH TERRACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BRUCE A. SHANNON TITLE: PRINCIPAL ADDRESS: 321 DEVONHALL LANE CITY/ST/ZIP/CO: CARY, NC 27518-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: R. BRUCE SIMMS TITLE: PRINCIPAL ADDRESS: 4212 TWEEDSMUIR ROAD CITY/ST/ZIP/CO: MOSELY, VA 23120-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOHN T. WHITTY TITLE: PRINCIPAL ADDRESS: 2102 CASSELL COURT CITY/ST/ZIP/CO: RICHMOND, VA 23233-	<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/ DANIEL JON LOFTIS	DANIEL JON LOFTIS, P/T	11/28/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.