

1.) CORPORATION NAME:

Interstate Group Holdings, Inc.

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

SCC ID NO: **05105119**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	100
COMBNV	49,900

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: DONALD J. MORRISSETTE
TITLE: PRES/DIR
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: KENNETH MORRISSETTE
TITLE: VP/DIR
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: JOHN D MORRISSETTE
TITLE: VP/S/D
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

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: 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
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: ROBERT TS COLBY TITLE: DIRECTOR ADDRESS: 117 NORTH FAIRFAX STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<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.	
<u>/s/ CATHIE HATFIELD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHIE HATFIELD, ASST <u>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.	