

1.) CORPORATION NAME:

Interstate Group Holdings, Inc.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05105119**

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.

| | | |
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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DONALD J. MORRISSETTE | |
| TITLE: | PRES/DIR | |
| ADDRESS: | 5801 ROLLING RD | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | KENNETH MORRISSETTE | |
| TITLE: | VP/DIR | |
| ADDRESS: | 5801 ROLLING RD | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | JOHN D MORRISSETTE | |
| TITLE: | VP/S/D | |
| ADDRESS: | 5801 ROLLING RD | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ARTHUR E MORRISSETTE, IV | |
| TITLE: | VP/DIR | |
| ADDRESS: | 5801 ROLLING RD | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | CATHIE HATFIELD | |
| TITLE: | ASST SECRETARY | |
| ADDRESS: | 5801 Rolling Road | |
| CITY/ST/ZIP/CO: | Springfield, VA 22152 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ARTHUR E. MORRISSETTE, JR. | |
| TITLE: | CHAIRMAN/TREAS | |
| ADDRESS: | 5801 ROLLING RD | |
| CITY/ST/ZIP/CO: | SPRINGFIELD, VA 22152 | |

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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 |
| 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 |
| NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDOM HILLS RD CITY/ST/ZIP/CO: SUITE 600 FAIRFAX, VA 22030 | <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/ CATHIE HATFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CATHIE HATFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE | 9/20/2012 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. | | | | |