

1.) CORPORATION NAME:

Interstate Group Holdings, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

<p>NAME: DONALD J. MORRISSETTE TITLE: PRES/DIR ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KENNETH MORRISSETTE TITLE: VP/DIR ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN D MORRISSETTE TITLE: VP/S/D ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARTHUR E MORRISSETTE, IV TITLE: VP/DIR ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ARTHUR E. MORRISSETTE, JR. TITLE: CHAIRMAN/TREAS ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MIKE LARKIN TITLE: CFO ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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	
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	9/26/2013 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.		