

1.) CORPORATION NAME:

**VOCAL, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIAN PARRISH  
114 GOODMAN ST  
PO BOX 1248**

SCC ID NO: **05380878**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHARLOTTESVILLE, VA 22902**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 114 GOODMAN ST

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:	MICHAEL PENDRAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	114 GOODMAN STREET		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	Ann Conner	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	114 Goodman St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	Diana Kim	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	114 Goodman St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	William Gallik	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Int. Exec. Dir.		
ADDRESS:	114 Goodman St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	Elizabeth Brown	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 Goodman St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	Jerry Higginson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 Goodman St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		

NAME: Troy Ark TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Deborah Smith TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cheryl Ann Bowman TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marty Grizzle TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marcus Cowgill TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rachel Spitzer TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<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/ Ann Conner SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Ann Conner, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/1/2012 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.		