

1.) CORPORATION NAME: **VOCAL, Inc.** DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **WILLIAM GALLIK** SCC ID NO: **05380878**

**114 GOODMAN ST.
CHARLOTTESVILLE, VA 22902**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANN CONNER	
TITLE:	PRESIDENT	
ADDRESS:	114 GOODMAN ST.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL PENDRAK	
TITLE:	VICE PRESIDENT	
ADDRESS:	114 GOODMAN STREET	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DIANA KIM	
TITLE:	SECRETARY	
ADDRESS:	114 GOODMAN ST.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	CHERYL ANN BOWMAN	
TITLE:	DIRECTOR	
ADDRESS:	114 GOODMAN ST.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ELIZABETH BROWN	
TITLE:	TREASURER	
ADDRESS:	114 GOODMAN ST.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902	

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: WILLIAM GALLIK 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: JERRY HIGGINSON TITLE: DIRECTOR ADDRESS: 114 GOODMAN ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN GIBBS TITLE: DIRECTOR ADDRESS: 114 GOODMAN ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEAN ESPLIN TITLE: DIRECTOR ADDRESS: 114 GOODMAN ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK BRUCKART 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/ WILLIAM GALLIK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM GALLIK, DIRECTOR PRINTED NAME AND CORPORATE TITLE	3/12/2013 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.		