

1.) CORPORATION NAME:

VOCAL, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WILLIAM GALLIK
114 GOODMAN ST.
CHARLOTTESVILLE, VA**

SCC ID NO: **05380878**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: 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: Audra "Troy" Ark TITLE: TREASURER ADDRESS: 114 GOODMAN ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Stephanie Peters TITLE: SECRETARY ADDRESS: 114 GOODMAN ST. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" 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
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: Bonnie Neighbour 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: 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: Yvonne Morales TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Darrell Hylton TITLE: DIRECTOR ADDRESS: 114 Goodman St. CITY/ST/ZIP/CO: Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Joe Brown 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/ Bonnie Neighbour SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Bonnie Neighbour, DIRECTOR PRINTED NAME AND CORPORATE TITLE	4/24/2014 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.		