

1.) CORPORATION NAME:

**VOCAL, Inc.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BONNIE NEIGHBOUR  
114 GOODMAN ST.  
CHARLOTTESVILLE, VA**

SCC ID NO: **05380878**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALBEMARLE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1904 Byrd Ave. Ste. 111

CITY/ST/ZIP: Richmond, VA 23230

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	AUDRA "TROY" ARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	STEPHANIE PETERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	JOE BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	PATRICK BRUCKART	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		
NAME:	MARCUS COWGILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 GOODMAN ST.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

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: 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: 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: BONNIE NEIGHBOUR 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	8/31/2015 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.		