

1.) CORPORATION NAME:

AMBASSADOR WORLDWIDE MOVING, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
KENNETH MORRISSETTE
5801 ROLLING RD
SPRINGFIELD, VA 22151**

SCC ID NO: **05750674**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	500
COMB	4,500

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.

NAME: KENNETH MORRISSETTE
TITLE: PRESIDENT
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: DONALD J MORRISSETTE
TITLE: VP/S
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: JOHN D MORRISSETTE
TITLE: VICE PRESIDENT
ADDRESS: 5801 ROLLING ROAD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE, IV
TITLE: VICE PRESIDENT
ADDRESS: 5801 ROLLING ROAD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: CATHIE HATFIELD
TITLE: ASST SECRETARY
ADDRESS: 5801 ROLLING RD
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE JR TITLE: TREASURER ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MIKE LARKIN TITLE: CFO ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR E MORRISSETTE JR TITLE: CHAIRMAN ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT T S COLBY TITLE: DIRECTOR ADDRESS: 117 N FAIRFAX ST CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDOM HILL RD CITY/ST/ZIP/CO: 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
3/9/2012 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.	