

1.) CORPORATION NAME:

AMBASSADOR WORLDWIDE MOVING, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5801 ROLLING RD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	DONALD J MORRISSETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	5801 ROLLING RD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	JOHN D MORRISSETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5801 ROLLING ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	ARTHUR E MORRISSETTE, IV	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5801 ROLLING ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	ARTHUR E MORRISSETTE JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5801 ROLLING ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	CATHIE HATFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5801 ROLLING RD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR E MORRISSETTE JR CHAIRMAN 5801 ROLLING ROAD SPRINGFIELD, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT T S COLBY DIRECTOR 117 N FAIRFAX ST ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDE COVAS DIRECTOR 11320 RANDOM HILL RD 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	3/5/2014 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.			