

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

**Drive-to-Work**

SCC ID NO: **06737506**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
O RANDOLPH ROLLINS  
1735 SUMMIT AVE  
RICHMOND, VA 23230**

5.) STOCK INFORMATION

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

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1735 SUMMIT AVE

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: O RANDOLPH ROLLINS  
TITLE: PRES/DIR  
ADDRESS: 1735 SUMMIT AVE  
CITY/ST/ZIP/CO: RICHMOND, VA 23230-

OFFICER

DIRECTOR

NAME: CLARENCE JACKSON  
TITLE: SECRETARY  
ADDRESS: 2000 MECKLENBURG STREET  
CITY/ST/ZIP/CO: RICHMOND, VA 23223-

OFFICER

DIRECTOR

NAME: GEORGE W FORESMAN  
TITLE: VICE CHAIRMAN  
ADDRESS: P. O. BOX 8142  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: SCOTT C OOSTDYK ESQ  
TITLE: DIRECTOR  
ADDRESS: ONE JAMES CENTER  
CITY/ST/ZIP/CO: RICHMOND, VA 23225-

OFFICER

DIRECTOR

NAME: S PRESTON DILLARD  
TITLE: TREASURER  
ADDRESS: 6806 PARAGON PLACE  
CITY/ST/ZIP/CO: RICHMOND, VA 23230-

OFFICER

DIRECTOR

NAME: MARK WHITING TITLE: DIRECTOR ADDRESS: 420 EAST CARY STREET CITY/ST/ZIP/CO: RICHMOND, VA 23218-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID H MARTIN TITLE: DIRECTOR ADDRESS: 2810 N PARHAM ROAD, SUITE 220 CITY/ST/ZIP/CO: RICHMOND, VA 23294-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DIANNE REYNOLDS-CANE TITLE: DIRECTOR ADDRESS: 9960 MAYLAND DRIVE, SUITE 300 CITY/ST/ZIP/CO: RICHMOND, VA 23233-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TERI LOVELACE TITLE: DIRECTOR ADDRESS: 7501 BOULDERS VIEW DRIVE, SUITE 110 CITY/ST/ZIP/CO: RICHMOND, VA 23225-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA L DICKINSON TITLE: DIRECTOR ADDRESS: 1051 EAST CARY STREET, SUITE 1200 CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIEN G PATTERSON TITLE: CHRMN/DIR ADDRESS: 14151 PARK MEADOW DRIVE CITY/ST/ZIP/CO: CHANTILLY, VA 20151-	<input checked="" 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/ O RANDOLPH ROLLINS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	O RANDOLPH ROLLINS, PRES/DIR _____ PRINTED NAME AND CORPORATE TITLE
1/30/2012 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.	