

1.) CORPORATION NAME:

DUE DATE: **3/31/2013**

Drive-to-Work

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06737506**

**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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLARENCE JACKSON TITLE: SECRETARY ADDRESS: 2000 MECKLENBURG STREET CITY/ST/ZIP/CO: RICHMOND, VA 23223	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: S PRESTON DILLARD TITLE: TREASURER ADDRESS: 6806 PARAGON PLACE CITY/ST/ZIP/CO: RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE W FORESMAN TITLE: VICE CHAIRMAN ADDRESS: P. O. BOX 8142 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIEN G PATTERSON TITLE: CHRNM/DIR ADDRESS: 14151 PARK MEADOW DRIVE CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERI LOVELACE DIRECTOR 12208 Heatherford Place Glen Allen, VA 23059	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID H MARTIN DIRECTOR 2810 N PARHAM ROAD, SUITE 220 RICHMOND, VA 23294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT C OOSTDYK ESQ DIRECTOR ONE JAMES CENTER RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANNE REYNOLDS-CANE DIRECTOR 9960 MAYLAND DRIVE, SUITE 300 RICHMOND, VA 23233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles J. Kehoe DIRECTOR 11805 Heathmere Crescent Midlothian, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara Glenn DIRECTOR 1808 Greenvale Court Richmond, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Margaret Nelson DIRECTOR 716 Court Street Lynchburg, VA 24504	<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/ O RANDOLPH ROLLINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	O RANDOLPH ROLLINS, PRES/DIR PRINTED NAME AND CORPORATE TITLE	1/17/2013 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.			