

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Drive-to-Work

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06737506**

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

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: 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: 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: PastChairman ADDRESS: 10009 Magnolia Bend CITY/ST/ZIP/CO: Bonita Springs, FL 34135	<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: BARBARA GLENN TITLE: DIRECTOR ADDRESS: 1808 GREENVALE COURT CITY/ST/ZIP/CO: RICHMOND, VA 23225	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES J. KEHOE TITLE: SECRETARY ADDRESS: 11805 HEATHMERE CRESCENT CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID H MARTIN TITLE: DIRECTOR ADDRESS: One East Cary Street CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET NELSON TITLE: DIRECTOR ADDRESS: 716 COURT STREET CITY/ST/ZIP/CO: LYNCHBURG, VA 24504	<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
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	2/20/2014 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.		