

1.) CORPORATION NAME:

Interstate Moving & Storage, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **07616923**

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 Road

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:	ARTHUR E MORRISSETTE JR	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	5801 ROLLING RD				
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152				

NAME:	Kenneth Morrissette	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	PRESIDENT				
ADDRESS:	5801 Rolling Road				
CITY/ST/ZIP/CO:	Springfield, VA 22152				

NAME:	Donald J 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:	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:	Robert TS Colby	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	DIRECTOR				
ADDRESS:	PO Box 1945				
CITY/ST/ZIP/CO:	Alexandria, VA 22313				

NAME: Jude Covas TITLE: DIRECTOR ADDRESS: 11320 Random Hills Rd CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Cathie Hatfield TITLE: ASST SECRETARY ADDRESS: 5801 Rolling Road CITY/ST/ZIP/CO: Springfield, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	Cathie Hatfield, ASST SECRETARY	2/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.