

1.) CORPORATION NAME:

**Imo Holdings, Inc.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1505785**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000
PREFER	152,716

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8730 STONY POINT PKWY  
SUITE 150

CITY/ST/ZIP: RICHMOND, VA 23235-

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:	CLAY KIEFABER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	8170 MAPLE LAWN BLVD. STE. 180		
CITY/ST/ZIP/CO:	FULTON, MD 20759-		
NAME:	WILLIAM ROLLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1710 AIRPORT RD. P.O. BOX 5020		
CITY/ST/ZIP/CO:	MONROE, NC 28110-		
NAME:	WILLIAM FLEXON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8730 STONY POINT PKWY SUITE 150		
CITY/ST/ZIP/CO:	RICHMOND, VA 23235-		
NAME:	TRACI BENISH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	200 AMERICAN METRO BLVD STE 111		
CITY/ST/ZIP/CO:	HAMILTON, NJ 08619-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK PAUL LEHMAN ASST SECRETARY 8170 MAPLE LAWN BLVD. STE. 180 FULTON, MD 20759-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C SCOTT BRANNAN SR VP/CFO 8170 MAPLE LAWN BLVD. STE. 180 FULTON, MD 20759-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A LYNNE PUCKETT SR VP/S 8170 MAPLE LAWN BLVD. STE. 180 FULTON, MD 20759-	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ WILLIAM FLEXON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM FLEXON, VICE <u>PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>4/19/2011</u> DATE
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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.