

1.) CORPORATION NAME:

**Operation Troop Aid Inc.**

DUE DATE: **2/28/2011**

SCC ID NO: **F1657941**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
MARK H WOODS  
516 SHORELINE DR  
CARROLLTON, VA 23314**

5.) STOCK INFORMATION

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

**ISLE OF WIGHT COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9851 CODYVIEW DR

CITY/ST/ZIP: INDEPENDENCE, KY 41051-

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: MARK WOODS  
TITLE: EXEC D  
ADDRESS: 9851 CODYVIEW DR  
CITY/ST/ZIP/CO: INDEPENDENCE, KY 41051-

OFFICER

DIRECTOR

NAME: DAVID POLANCO  
TITLE: VICE PRESIDENT  
ADDRESS: 1881 N. COLD SPRINGS RD  
CITY/ST/ZIP/CO: BLOOMFIELD, IN 47424-

OFFICER

DIRECTOR

NAME: DEBRA POLANCO  
TITLE: SECRETARY  
ADDRESS: 1881 N. COLD SPRINGS RD  
CITY/ST/ZIP/CO: BLOOMFIELD, IN 47424-

OFFICER

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/ MARK WOODS

MARK WOODS, EXEC D

1/19/2011

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.