

1.) CORPORATION NAME:

HETCO VAN LINES, INCORPORATED

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1671603**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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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:	JOHN D MORRISSETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
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:	VICE PRESIDENT		
ADDRESS:	5801 ROLLING RD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	DONALD J MORRISSETTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	5801 ROLLING RD		
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:	ARTHUR E MORRISSETTE JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/TREAS		
ADDRESS:	5801 ROLLING ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		
NAME:	MICHAEL LARKIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	5801 ROLLING ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152		

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	
NAME: ROBERT TS COLBY TITLE: DIRECTOR ADDRESS: 117 N FAIRFAX STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDON HILLS RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030	<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/ CATHIE HATFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHIE HATFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/13/2013 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.		