

1.) CORPORATION NAME:

**Hetco Moving Systems, Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1671611**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
KENNETH MORRISSETTE  
5801 ROLLING RD  
SPRINGFIELD, VA 22152**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5801 ROLLING RD

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  
TITLE: PRESIDENT  
ADDRESS: 5801 ROLLING RD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: KENNETH MORRISSETTE  
TITLE: VICE PRESIDENT  
ADDRESS: 5801 ROLLING RD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: DONALD J MORRISSETTE  
TITLE: VP/S  
ADDRESS: 5801 ROLLING RD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: ARTHUR E MORRISSETTE JR  
TITLE: CHAIRMAN/T  
ADDRESS: 5801 ROLLING ROAD  
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-

OFFICER

DIRECTOR

NAME: JUDE COVAS  
TITLE: DIRECTOR  
ADDRESS: 11320 RANDOM HILLS RD  
STE 600  
CITY/ST/ZIP/CO: FAIRFAX, VA 22030-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT TS COLBY DIRECTOR 117 N FAIRFAX STREET ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LARKIN CFO 5801 ROLLING ROAD SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR E MORRISSETTE IV VICE PRESIDENT 5801 ROLLING ROAD SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHIE HATFIELD ASST SECRETARY 5801 ROLLING ROAD 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CATHIE HATFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/10/2011 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.