

1.) CORPORATION NAME:

Hetco Moving Systems, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1671611**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH MORRISSETTE TITLE: TREASURER ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD J MORRISSETTE TITLE: VP/S ADDRESS: 5801 ROLLING RD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR E MORRISSETTE IV TITLE: VICE PRESIDENT ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR E MORRISSETTE JR TITLE: DIRECTOR ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	117 N FAIRFAX STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

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/ CATHIE HATFIELD</u>	CATHIE HATFIELD, ASST	<u>5/19/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.