

1.) CORPORATION NAME:

NORTHWEST MOVING SERVICES INC.

DUE DATE: **1/31/2012**

SCC ID NO: **F1848904**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

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.

	<input 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 checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN D MORRISSETTE			
TITLE:	PRESIDENT			
ADDRESS:	5801 ROLLING ROAD			
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DONALD J MORRISSETTE			
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:	KENNETH MORRISSETTE			
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 IV			
TITLE:	VICE PRESIDENT			
ADDRESS:	5801 ROLLING ROAD			
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22152-			

NAME: MICHAEL LARKIN TITLE: CFO ADDRESS: 5801 ROLLING ROAD CITY/ST/ZIP/CO: SPRINGFIELD, VA 22152-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JUDE COVAS TITLE: DIRECTOR ADDRESS: 11320 RANDOM HILLS RD CITY/ST/ZIP/CO: FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT TS COLBY TITLE: DIRECTOR ADDRESS: 117 NORTH FAIRFAX STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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
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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	1/6/2012 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.