

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845563

Entity Name: VIRGINIA TAG, INC.**Current Principal Place of Business:**5426 ROBIN HOOD RD
NORFOLK, VA 23513**Current Mailing Address:**1500 SPRING GARDEN ST.
PHILADELPHIA, PA 19130 US**FEI Number:** 21-0743293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	STARR, GUY
Address	125 THE PARKWAY, STE 400
City-State-Zip:	GREENVILLE SC 29615

Title	TR
Name	BOATWRIGHT, NANCY
Address	125 THE PARKWAY STE 400
City-State-Zip:	GREENVILLE SC 29615

Title	S
Name	FAST, SCOTT L
Address	1500 SPRING GARDEN ST
City-State-Zip:	PHILADELPHIA PA 19130

Title	ASST. TREASURER
Name	HAWKINS, M PRESTON
Address	1500 SPRING GARDEN ST.
City-State-Zip:	PHILADELPHIA PA 19130

Title	DIR
Name	MCMAHON, MICHAEL
Address	1500 SPRING GARDEN ST.
City-State-Zip:	PHILADELPHIA PA 19130

Title	AS
Name	DI MAIO, MARY ANN
Address	1500 SPRING GARDEN ST.
City-State-Zip:	PHILADELPHIA PA 19130

Title	ASST. SECRETARY
Name	COONEY, LISA ANN
Address	1500 SPRING GARDEN ST.
City-State-Zip:	PHILADELPHIA PA 19130

Title	ASST. SECRETARY
Name	MILLER, JOHN E
Address	1827 FREEDOM RD SUITE 101
City-State-Zip:	LANCASTER PA 17601

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY ANN DI MAIO**ASSISTANT SECRETARY 04/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	OFFICER
Name	SIMON, CHRISTINA E
Address	1500 SPRING GARDEN ST.
City-State-Zip:	PHILADELPHIA PA 19130