

2019 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 C
Address 80 INTERNATIONAL DRIVE
 PATEWOOD 5 SUITE 100
City-State-Zip: GREENVILLE SC 29615-6941

Title TR
Name BOATWRIGHT, NANCY K
Address 80 INTERNATIONAL DRIVE
 PATEWOOD 5 SUITE 100
City-State-Zip: GREENVILLE SC 29615-6941

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 DUFFY, JR., TIMOTHY
Address 1500 SPRING GARDEN STREET
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

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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: TIMOTHY DUFFY, JR.**ASSISTANT SECRETARY 02/15/2019**

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