

**2010 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**

21018.2453--4/26/2010

210182453



① CORPORATION NAME:  
 GREAT AMERICAN VAN & STORAGE, INC.

DUE DATE: 06/30/10

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.  
 DONALD MENSCH

SCC ID NO.: 0062946-9

6218-20B OLD FRANCONIA RD

⑤ STOCK INFORMATION

ALEXANDRIA, VA 22310-3402

③ CITY OR COUNTY OF VA REGISTERED OFFICE:  
 129-FAIRFAX COUNTY

CLASS	AUTHORIZED
COMMON	250

④ STATE OR COUNTRY OF INCORPORATION:  
 VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 6218-B OLD FRANCONIA ROAD   CITY/ST/ZIP ALEXANDRIA, VA 22310	ADDRESS:   CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JACK KAGAN TITLE: PRESIDENT ADDRESS: 6218-B OLD FRANCONIA ROAD CITY/ST/ZIP: ALEXANDRIA, VA 22310	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

Donald Mensch  
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

DORA A. HAWKINS  
 PRINTED NAME AND CORPORATE TITLE

4/23/2010  
 DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

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⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DORA A HAWKINS TITLE: S/T ADDRESS: 2321 DUNKIRK DRIVE CITY/ST/ZIP: OWINGS, MD 20736	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DONALD MENSCH TITLE: DIRECTOR ADDRESS: 3892 UNIVERSITY DRIVE CITY/ST/ZIP: FAIRFAX, VA 22030	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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