

1.) CORPORATION NAME:

ZETA TAU ALPHA SORORITY

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RICHARD A. MINARDI
1001 HAXALL POINT, 15TH FLOOR
P.O. BOX 1122**

SCC ID NO: **00418566**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3450 FOUNDERS RD
CITY/ST/ZIP: INDIANAPOLIS, IN 46268

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:	KEELEY MCDONALD RIDDLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	96 FORD AVE		
CITY/ST/ZIP/CO:	LANDING, NJ 07850		
NAME:	KELLEY Snow HARMON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice President Collegiate III		
ADDRESS:	2803 ELIZABETH AVENUE		
CITY/ST/ZIP/CO:	FAYETTEVILLE, AR 72703		
NAME:	DINAH Jackson LAUGHERY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	National Secretary-Treasurer		
ADDRESS:	3513 SAVOY CT		
CITY/ST/ZIP/CO:	AUSTIN, TX 78778		
NAME:	STACEY VERKEST VOIGT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice President Collegiate II		
ADDRESS:	PO BOX 1586		
CITY/ST/ZIP/CO:	COLLEYVILLE, TX 76034		
NAME:	NATALIE YINGLING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice President Collegiate I		
ADDRESS:	328 FAWN TRAIL		
CITY/ST/ZIP/CO:	CRANBERRY TWNSHP, PA 16066		
NAME:	Lori A. Peters	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice President Alumnae I		
ADDRESS:	3450 Founders Road		
CITY/ST/ZIP/CO:	Indianapolis, IN 46268		

NAME: Diane Hanson Keegan TITLE: Vice President Alumnae II ADDRESS: 3450 Founders Road CITY/ST/ZIP/CO: Indianapolis, IN 46268	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marlene Dunbar Conrad TITLE: Extension Director ADDRESS: 3450 Founders Road CITY/ST/ZIP/CO: Indianapolis, IN 46268	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laura Ladewig Mauro TITLE: National Panhellenic Conference Delegate ADDRESS: 3450 Founders Road CITY/ST/ZIP/CO: Indianapolis, IN 46268	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ DINAH Jackson LAUGHERY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DINAH Jackson LAUGHERY, National Secretary-Treasurer PRINTED NAME AND CORPORATE TITLE	3/27/2012 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.		