

1.) CORPORATION NAME:

RICHMOND AMERICAN HOMES OF VIRGINIA, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **00687145**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12220 SUNRISE VALLEY DR

CITY/ST/ZIP: RESTON, VA 20191

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.

<p>NAME: PATRICK M ANNESSA TITLE: PRESIDENT ADDRESS: 12220 SUNRISE VALLEY DR CITY/ST/ZIP/CO: RESTON, VA 20191</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M STEPHENS TITLE: SR VP ADDRESS: 4350 S. MONACO STREET SUITE 500 CITY/ST/ZIP/CO: DENVER, CO 80237</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT BAKER TITLE: VICE PRESIDENT ADDRESS: 12220 SUNRISE VALLEY DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: E DAVID GEARHEART TITLE: SR VP ADDRESS: 12220 SUNRISE VALLEY DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN J HEANEY TITLE: VP/TREASURER ADDRESS: 4350 S. MONACO STREET SUITE 500 CITY/ST/ZIP/CO: DENVER, CO 80237</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LANCE LIEBLER TITLE: VICE PRESIDENT ADDRESS: 12220 SUNRISE VALLEY DRIVE CITY/ST/ZIP/CO: RESTON, VA 20191</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. LUDWELL JONES, IV ASST TREASURER 4350 S. MONACO ST. SUITE 500 DENVER, CO 80237	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H FRETZ SECRETARY 4350 S. MONACO STREET SUITE 500 DENVER, CO 80237	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOSEPH H FRETZ	JOSEPH H FRETZ, SECRETARY	3/5/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.