

1.) CORPORATION NAME:

**HOME BUILDERS ASSOCIATION OF SOUTHSIDE
VIRGINIA, INCORPORATED**

DUE DATE: **5/31/2014**

SCC ID NO: **00777797**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OSCAR B. FULCHER JR.
10300 CORPORATE ROAD
SOUTH PRINCE GEORGE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE GEORGE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10300 CORPORATE ROAD

CITY/ST/ZIP: SOUTH PRINCE GEORGE, VA 23805

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:	JEFF CAMDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	IMME PAST PRES		
ADDRESS:	1320 BOLTON ESTATES LANE		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	DANIEL PLUCINIK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12501 TAYLOR ROAD		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23838		

NAME:	OSCAR B FULCHER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10707 S. CRATER RD		
CITY/ST/ZIP/CO:	SOUTH PRINCE GEORGE, VA 23805		

NAME:	BRANDY NICKEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13321-I MIDLOTHIAN TNPK		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23113		

NAME:	LEAH BRANTLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 128		
CITY/ST/ZIP/CO:	PRINCE GEORGE, VA 23875		

NAME:	BRANDON SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP ASSOCIATES		
ADDRESS:	1107 MANSFIELD CROSSING RD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23236		

NAME: JAMES E ADKINS TITLE: DIRECTOR ADDRESS: 6800 W. QUAKER ROAD CITY/ST/ZIP/CO: DISPUTANTA, VA 23842	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DREW COMSTOCK TITLE: DIRECTOR ADDRESS: 117 ROANOKE AVE CITY/ST/ZIP/CO: COL HGTS, VA 23834	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHY LAMOREUX TITLE: DIRECTOR ADDRESS: 8125 SEAVIEW DR CITY/ST/ZIP/CO: CHESTERFIELD, VA 23838	<input 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/ OSCAR B FULCHER JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OSCAR B FULCHER JR, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/30/2014 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.		