

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214557963
1.) CORPORATION NAME: GAMMA PI HOUSE CORPORATION OF DELTA GAMMA		DUE DATE: 12/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DEBRA JONES OSBURNE 4441 BURNT PINE CT ALEXANDRIA, VA		SCC ID NO: 00793018
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 4441 BURNT PINE CT CITY/ST/ZIP: ALEXANDRIA, VA 22312		
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: DEBBIE OSBURIE TITLE: PRESIDENT ADDRESS: 4441 BURNT PINE CT CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AMANDA REYMANN TITLE: TREASURER ADDRESS: 3220 RIVERSIDE DR CITY/ST/ZIP/CO: COLUMBUS, OH 43221	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE THACKER MOORE TITLE: SECRETARY ADDRESS: 2228 LINCOLN AVE CITY/ST/ZIP/CO: ROANOKE, VA 24015	<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/ AMANDA REYMANN	AMANDA REYMANN, TREASURER	4/13/2015
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.		