

1.) CORPORATION NAME:

BETA PI OF SIGMA PI ALUMNI, INCORPORATED

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRIAN ROY
1647 HUBBARD CT
CHARLOTTESVILLE, VA**

SCC ID NO: **01084896**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1533 VIRGINIA AVENUE

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

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:	MICHAEL BUKVA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	152 W STRASBURG ROAD		
CITY/ST/ZIP/CO:	FRONT ROYAL, VA 22630		

NAME:	MICHAEL CRAGG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	12500 N LAKE CT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22033		

NAME:	SEAN MCGOWAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	281 CAMPBELL ST		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801		

NAME:	RICHARD SEDWICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2650 15TH ST NW APT 4		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20009		

NAME:	MATTHEW SHAVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3853 FAUQUIER AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23227		

NAME:	Chester Knapp	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1533 Virginia Ave.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		

NAME: David Weiss TITLE: DIRECTOR ADDRESS: 1533 Virginia Ave. CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Brian Roy TITLE: DIRECTOR ADDRESS: 1647 Hubbard Ct. CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ Brian Roy	Brian Roy, DIRECTOR	6/10/2014
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.