

1.) CORPORATION NAME:

**BETA PSI HOUSING CORPORATION**

DUE DATE: **7/31/2011**

SCC ID NO: **01398403**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
ROBERT M GALUMBECK  
100 W. MAIN ST  
PO BOX 626**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**TAZEWELL, VA 24651**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**TAZEWELL COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 W MAIN STREET  
P O BOX 626

CITY/ST/ZIP: TAZEWELL, VA 24651-

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: P MARK TYLER  
TITLE: DIRECTOR  
ADDRESS: PO BOX 61  
CITY/ST/ZIP/CO: LANCASTER, VA 22503-

OFFICER  DIRECTOR

NAME: J C TOE  
TITLE: DIRECTOR  
ADDRESS: 113 A MELBOURNE PARK CR  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER  DIRECTOR

NAME: NORMAN KAHN  
TITLE: DIRECTOR  
ADDRESS: 240 CEDAR DALE ACRES LANE  
CITY/ST/ZIP/CO: MADISON HEIGHTS, VA 24572-

OFFICER  DIRECTOR

NAME: RANDY SHAPIRO  
TITLE: DIRECTOR  
ADDRESS: C/O MURRAY, WHITE ASSOC  
6402 ARLINGTON BLVD - STE 1130  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-2333

OFFICER  DIRECTOR

NAME: ROBERT M GALUMBECK  
TITLE: SECRETARY  
ADDRESS: 100 W MAIN STREET  
PO BOX 626  
CITY/ST/ZIP/CO: TAZEWELL, VA 24651-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD SIEGEL PRESIDENT 708 CHALFONTE DR ALEXANDRIA, VA 22305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM ROSS VICE PRESIDENT 7109 BEVERLY PARK DRIVE SPRINGFIELD, VA 22150-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG TOTILLO TREASURER 2622 WASHINGTON BLVD ARLINGTON, VA 22201-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN TRACONA DIRECTOR 30 E GEORGIA ST #105 INDIANAPOLIS, IN 46204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX ARYEH DIRECTOR 129 CHANCELLOR ST CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHUCK SHORLEY DIRECTOR 10126 SILVER POINT LANE OCEAN CITY, MD 21842-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE TRUMBO-TOAL DIRECTOR 511 SEMINOLE DRIVE BLACKSBURG, VA 24060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWARD WINEBERG DIRECTOR 4000 NORTH CHARLES STREET APT 608 BALTIMORE, MD 21218-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLIN DRANE DIRECTOR 108 LONGWOOD ROAD BALTIMORE, MD 21210-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETE MCGLOTHLIN DIRECTOR 2453 1/2 P STREET NW WASHINGTON, DC 20007-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: KENT MURRAY TITLE: DIRECTOR ADDRESS: 2414 ANDORRA PLACE CITY/ST/ZIP/CO: RESTON, VA 20191-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BEN WATSON TITLE: DIRECTOR ADDRESS: 129 CHANCELLOR ST CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK REMALY TITLE: DIRECTOR ADDRESS: 500 M STREET NW #1 CITY/ST/ZIP/CO: WASHINGTON, DC 20001-	<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/ ROBERT M GALUMBECK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT M GALUMBECK, _____ SECRETARY 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.	