

1.) CORPORATION NAME: <b>DELTA RHO HOUSE CORPORATION OF DELTA GAMMAFRATERNITY</b>	DUE DATE: <b>4/30/2016</b>  SCC ID NO: <b>01453257</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BETH R BROWN 600-D HOUNDSCHASE LANE BLACKSBURG, VA</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>MONTGOMERY COUNTY</b>			
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>			

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 69 OAK LANE SPH I VIRGINIA TECH  CITY/ST/ZIP: BLACKSBURG, VA 24061	
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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: BETH R BROWN TITLE: HOUSE CORP PRES ADDRESS: 600-D HOUNDSCHESSE LANE CITY/ST/ZIP/CO: BLACKSBURG, VA 24060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BREANNE ALEXANDER TITLE: TREASURER ADDRESS: 806 WASENA AVENUE #516 CITY/ST/ZIP/CO: ROANOKE, VA 24015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MEGAN KORVING TITLE: SECRETARY ADDRESS: 2909 BRITTANY WAY CITY/ST/ZIP/CO: CHESAPEAKE, VA 23321	<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/ BETH R BROWN	BETH R BROWN, HOUSE CORP PRES	3/17/2016
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.