

1.) CORPORATION NAME:

**ZETA XI CHAPTER OF ALPHA DELTA PI
HOUSECORPORATION**

DUE DATE: **4/30/2012**

SCC ID NO: **01837251**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MARY WARTHEN
2304 MONUMENT AVE.
RICHMOND, VA 23220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 502 RUGBY RD

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: LAURA BARRY HERRMANN TITLE: PRESIDENT ADDRESS: 5803 LAUREL TRAIL RD CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23112	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA SILL TITLE: VICE PRESIDENT ADDRESS: 5 S. BOULEVARD CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARISSA CATO TITLE: ACTING TREAS ADDRESS: 333 NE 24TH STREET, #1112 CITY/ST/ZIP/CO: MIAMI, FL 33137	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURIE LINDSEY TITLE: SECRETARY ADDRESS: 9730 LOCH LINDEN COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINE HACH TITLE: DIRECTOR ADDRESS: 2507 HANOVER AVE CITY/ST/ZIP/CO: APT 2 RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARAH HELDRETH TITLE: DIRECTOR ADDRESS: 502 RUGBY ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SARA RAINEY TITLE: DIRECTOR ADDRESS: 502 RUGBY ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDITH TAYLOR TITLE: DIRECTOR ADDRESS: 502 RUGBY ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY WARTHEN TITLE: DIRECTOR ADDRESS: 2304 MONUMENT AVE CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAURA BEAM TITLE: DIRECTOR ADDRESS: 502 RUGBY ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<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/ MARY WARTHEN	MARY WARTHEN, DIRECTOR	4/30/2012
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.		