

1.) CORPORATION NAME: **ZETA XI CHAPTER OF ALPHA DELTA PI** DUE DATE: **4/30/2013**

HOUSE CORPORATION SCC ID NO: **01837251**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **MARY WARTHEN**
2304 MONUMENT AVE.
RICHMOND, VA 5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5803 LAUREL TRAIL RD		
CITY/ST/ZIP/CO:	MIDLOTHIAN, VA 23112		

NAME:	LAURA SILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5 S. BOULEVARD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME:	MARISSA CATO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ACTING TREAS		
ADDRESS:	938 Harrison Street		
CITY/ST/ZIP/CO:	Hollywood, FL 33019		

NAME:	LAURIE LINDSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9730 LOCH LINDEN COURT		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22032		

NAME:	LAURA BEAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	502 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	CHRISTINE HACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2507 HANOVER AVE		
CITY/ST/ZIP/CO:	APT 2 RICHMOND, VA 23220		

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: Rebecca Werle TITLE: DIRECTOR ADDRESS: 502 Rugby Road CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sheryl Greene TITLE: DIRECTOR ADDRESS: 502 Rugby Road CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Whitney Hosey 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/ MARISSA CATO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARISSA CATO, ACTING TREAS PRINTED NAME AND CORPORATE TITLE	4/25/2013 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.		