

1.) CORPORATION NAME:

**WHITE HOUSE CREEK HOMEOWNER'S ASSOCIATION,
INC.**

DUE DATE: **6/30/2012**

SCC ID NO: **01860097**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WAYNE S PAINTER
279 N MAIN ST
PO BOX 1933**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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KILMARNOCK, VA 22482

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LANCASTER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 38

CITY/ST/ZIP: MOLLUSK, VA 22517

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.

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|-----------------|------------------------|---|-----------------------------------|
| NAME: | EVERETT WARREN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRES/TREAS | | |
| ADDRESS: | 71 MILLENBECK PRONG RD | | |
| CITY/ST/ZIP/CO: | LANCASTER, VA 22503 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| NAME: | ANNE ANDERSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 207 MILLENBECK PRONG RD | | |
| CITY/ST/ZIP/CO: | LANCASTER, VA 22503 | | |

| | | | |
|-----------------|---------------------|---|-----------------------------------|
| NAME: | TREVA HILLIARD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 705 HURLEY AVE | | |
| CITY/ST/ZIP/CO: | ROCKVILLE, MD 20850 | | |

| | | | |
|-----------------|------------------------|----------------------------------|--|
| NAME: | RENN ASH | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 9 GLENN BROOK CIR WEST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23229 | | |

| | | | |
|-----------------|---------------------|----------------------------------|--|
| NAME: | OWEN MC GUILL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 76 OTTER LANE | | |
| CITY/ST/ZIP/CO: | LANCASTER, VA 22503 | | |

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.

| | | |
|---|-----------------------------------|------------------|
| <u>/s/ EVERETT WARREN</u> | <u>EVERETT WARREN, PRES/TREAS</u> | <u>6/24/2012</u> |
| 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.