

1.) CORPORATION NAME:

**BETA ALPHA HOUSE CORPORATION OF KAPPA  
DELTASORORITY, A VIRGINIA CORPORATION**

DUE DATE: **8/31/2011**

SCC ID NO: **01878586**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
BETTY S. W. GRAUMLICH  
REED SMITH LLP  
901 EAST BYRD STREET, SUITE 1700  
RICHMOND, VA 23219**

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: 136 CHANCELLOR STREET  
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: BETTY S. W. GRAUMLICH  
TITLE: DIRECTOR  
ADDRESS: 4401 WYTHE AVENUE  
CITY/ST/ZIP/CO: RICHMOND, VA 23221-

OFFICER  DIRECTOR

NAME: KATELYNN MACFARLANE  
TITLE: DIRECTOR  
ADDRESS: 136 CHANCELLOR STREET  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER  DIRECTOR

NAME: PAT STEWART SILVERMAN  
TITLE: DIRECTOR  
ADDRESS: 7010 HOLYROOD DRIVE  
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

OFFICER  DIRECTOR

NAME: EMILY SISA  
TITLE: DIRECTOR  
ADDRESS: 136 CHANCELLOR STREET  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER  DIRECTOR

NAME: MARY DAHLMAN COWDEN  
TITLE: TREASURER  
ADDRESS: 1824 BARRON HOLLOW RD  
CITY/ST/ZIP/CO: VIENNA, VA 22182-

OFFICER  DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CINDY RICHARDSON MILTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	7312 IDYLBROOK COURT	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN ALEXANDER AULEBACH	
TITLE:	PRESIDENT	
ADDRESS:	5516 PEPPERDINE DRIVE	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28226-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	M. GABRIELLE HALL	
TITLE:	VP of Operation	
ADDRESS:	1623 CONCORD DR	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAM ZAMBROTTA	
TITLE:	SECRETARY	
ADDRESS:	136 CHANCELLOR ST	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903-	

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/ SUSAN ALEXANDER AULEBACH	SUSAN ALEXANDER AULEBACH, PRESIDENT	8/31/2011
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.