

1.) CORPORATION NAME:

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

DUE DATE: **8/31/2012**

SCC ID NO: **01878586**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

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

	<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:	KATHY SIMMONS NEEL	
TITLE:	VICE PRESIDENT	
ADDRESS:	12909 CHURCH RD	
CITY/ST/ZIP/CO:	RICHMOND, VA 23233	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAM ZAMBROTTA	
TITLE:	SECRETARY	
ADDRESS:	1830 FOUNTAIN DRIVE	
CITY/ST/ZIP/CO:	Unit 306 RESTON, VA 20190	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY DAHLMAN COWDEN	
TITLE:	TREASURER	
ADDRESS:	1824 BATTEN HOLLOW RD	
CITY/ST/ZIP/CO:	VIENNA, VA 22182	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BETTY S. W. GRAUMLICH	
TITLE:	DIRECTOR	
ADDRESS:	4401 WYTHE AVENUE	
CITY/ST/ZIP/CO:	RICHMOND, VA 23221	

NAME: SARAH COLE TITLE: DIRECTOR ADDRESS: 136 CHANCELLOR STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VICKI VASTA HEALY TITLE: DIRECTOR ADDRESS: 2009 CARRHILL RD CITY/ST/ZIP/CO: VIENNA, VA 22181	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTINE KASPER TITLE: DIRECTOR ADDRESS: 136 CHANCELLOR STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANN HEWITT TITLE: DIRECTOR ADDRESS: 1184 TOWER ROAD CITY/ST/ZIP/CO: WINNETKA, VA 60093	<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 DAHLMAN COWDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY DAHLMAN COWDEN, TREASURER PRINTED NAME AND CORPORATE TITLE	7/18/2012 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.		