

1.) CORPORATION NAME: <b>American Housing Foundation I, Inc.</b>	DUE DATE: <b>10/31/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCorp SERVICES, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</b>	SCC ID NO: <b>02618791</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1565 CENTER CROSS PASS CITY/ST/ZIP: MARIETTA, GA 30062	
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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: LARRY CHKOREFF TITLE: PRES/CEO ADDRESS: 1565 CENTER CROSS PASS CITY/ST/ZIP/CO: MARIETTA, GA 30062	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: PAUL SMITH TITLE: VP TREAS ADDRESS: 3962 PLANTATION DR CITY/ST/ZIP/CO: MARIETTA, GA 30062	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ELMER AKIN TITLE: ASST SEC ADDRESS: 1044 CHESNUT HILL CIRCLE CITY/ST/ZIP/CO: MARIETTA, GA 30064	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CAROL CHKOREFF TITLE: SECRETARY ADDRESS: 1565 CENTER CROSS PASS CITY/ST/ZIP/CO: MARIETTA, GA 30062	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ LARRY CHKOREFF	LARRY CHKOREFF, PRES/CEO	10/28/2014
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.