

1.) CORPORATION NAME:

**CHARLOTTESVILLE DEVELOPMENT CORPORATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**S. CRAIG BROWN**

**CITY HALL, 7TH & MAIN STREETS**

**P. O. BOX 911**

**CHARLOTTESVILLE, VA 22902**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **3/31/2011**

SCC ID NO: **02833358**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 605 EAST MAIN ST  
CITY HALL ROOM #A 040P O BOX 1405

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902-

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: RANDY BICKERS  
TITLE: OFFICER  
ADDRESS: PO BOX 1405  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MS SHERRI CLARKE  
TITLE: DIRECTOR  
ADDRESS: PO BOX 1405  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MR HOSEA MITCHELL  
TITLE: DIRECTOR  
ADDRESS: PO BOX 1405  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MR BOB STEVENS  
TITLE: CHAIRMAN  
ADDRESS: PO BOX 1405  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: MR JASON HALBERT  
TITLE: DIRECTOR  
ADDRESS: PO BOX 1405  
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-

OFFICER

DIRECTOR

NAME: KEITH WOODARD TITLE: DIRECTOR ADDRESS: P.O. BOX 1405 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOY JOHNSON TITLE: TREASURER ADDRESS: P.O. BOX CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HOLLY EDWARDS TITLE: VICE CHAIRMAN ADDRESS: P.O. BOX 1405 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ RANDY BICKERS	RANDY BICKERS. OFFICER	1/20/2011
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.