

1.) CORPORATION NAME:

**CHARLOTTESVILLE DEVELOPMENT CORPORATION**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**S. CRAIG BROWN  
CITY HALL, 7TH & MAIN STREETS  
P. O. BOX 911**

SCC ID NO: **02833358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**CHARLOTTESVILLE, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

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:	MR HOSEA MITCHELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1405		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	KEITH WOODARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P.O. BOX 1405		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	MS SHERRI CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1405		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	CLAUDETTE GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1405		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	SATYENDRA HUJA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	P.O. BOX 1405		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	Sabrina Allen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 1405		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		

NAME: Julie Jones 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: Constance Dunn TITLE: PRESIDENT ADDRESS: P.O. Box 1405 CITY/ST/ZIP/CO: Charlottesville, VA 22902	<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/ Constance Dunn	Constance Dunn, PRESIDENT	4/8/2014
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.