

1.) CORPORATION NAME:

AIDS/HIV Services Group, Inc.

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

C THOMAS FITCH

700 HARRIS ST STE 105

PO BOX 2322

SCC ID NO: **03062106**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

CHARLOTTESVILLE, VA 22902

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 963 2ND ST SE
P O BOX 2322

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: CYNTHIA NEFF
TITLE: PRESIDENT
ADDRESS: 3767 PRITCHETT LANE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911-

OFFICER

DIRECTOR

NAME: SI BECKER
TITLE: DIRECTOR
ADDRESS: 610 PLANTATION COURT
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903-

OFFICER

DIRECTOR

NAME: TOM RANEY
TITLE: VICE PRESIDENT
ADDRESS: 1715 ARROW WOOD DRIVE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22092-

OFFICER

DIRECTOR

NAME: DUSTIN FRENCH
TITLE: TREASURER
ADDRESS: 315 GLADE LANE
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911-

OFFICER

DIRECTOR

NAME: ANNE CLEVELAND
TITLE: SECRETARY
ADDRESS: 213 BENNINGTON ROAD
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: MATT JOSLYN TITLE: DIRECTOR ADDRESS: PO BOX 1231 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SALLY THOMAS TITLE: DIRECTOR ADDRESS: 889 LEIGH WAY CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TODD HOWARD TITLE: DIRECTOR ADDRESS: 511 N FIRST STREET #413 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM DONOHUE TITLE: DIRECTOR ADDRESS: PO BOX 8314 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: IVA BROWN TITLE: DIRECTOR ADDRESS: PO BOX 4482 CITY/ST/ZIP/CO: RICHMOND, VA 23220-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LORI CWALINA TITLE: DIRECTOR ADDRESS: 1600 STONEY CREEK DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SANDY KELSO TITLE: DIRECTOR ADDRESS: 1221 LEE STREET CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22908-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER DEMARTINO TITLE: DIRECTOR ADDRESS: 1205 SWAN LAKE DRIVE #302 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902-	<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/ PETER DEMARTINO	PETER DEMARTINO, DIRECTOR	7/28/2011
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.