

1.) CORPORATION NAME:

AIDS/HIV Services Group, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C THOMAS FITCH
700 HARRIS ST STE 105
PO BOX 2322**

SCC ID NO: **03062106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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: 925 E. Jefferson Street
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3767 PRITCHETT LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		

NAME:	MATT JOSLYN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 1231		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22092		

NAME:	ANNE CLEVELAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	213 BENNINGTON ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	DUSTIN FRENCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	315 GLADE LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		

NAME:	SI BECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	610 PLANTATION COURT		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	IVA BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 4482		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI CWALINA DIRECTOR 1600 STONEY CREEK DRIVE CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER DEMARTINO DIRECTOR 109 W. WATER STREET APARTMENT 2 CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM DONOHUE DIRECTOR PO BOX 8314 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD HOWARD DIRECTOR 511 N FIRST STREET #413 CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM RANEY DIRECTOR 1715 ARROW WOOD DRIVE CHARLOTTESVILLE, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDY KELSO DIRECTOR 1221 LEE STREET CHARLOTTESVILLE, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SCHMITT DIRECTOR 2308 WALNUT RIDGE LANE CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF GOULD DIRECTOR 451 WALNUT VIEW DRIVE TROY, VA 22974	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH GOLD DIRECTOR 1880 NORTH PANTOPS DRIVE CHARLOTTESVILLE, VA 22911	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PETER DEMARTINO, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/14/2012 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.			