

1.) CORPORATION NAME:

NTS/VIRGINIA DEVELOPMENT COMPANY

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN F. MCMANUS, ESQUIRE

C/O HIRSCHLER FLEISCHER

725 JACKSON STREET, SUITE 200

SCC ID NO: **03134509**

FREDERICKSBURG, VA 22401

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	70,000
COMB	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FREDERICKSBURG CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10172 LINN STATION RD

CITY/ST/ZIP: LOUISVILLE, KY 40223-

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.

<p>NAME: BRIAN F LAVIN TITLE: PRESIDENT ADDRESS: 10172 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: SUSAN M HOWARD TITLE: VP/SECR ADDRESS: 10172 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: GREGORY A WELLS TITLE: EXEC VP ADDRESS: 10172 LINN STATION ROAD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: J D NICHOLS TITLE: CHAIRMAN ADDRESS: 10172 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-</p>	<p><input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p>
<p>NAME: NEIL A MITCHELL TITLE: SVP ADDRESS: 10172 LINN STATION RD CITY/ST/ZIP/CO: LOUISVILLE, KY 40223-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RALPH R DEROSA SVP 12201 LONGSTREET DRIVE SPOTSYLVANIA, VA 22551-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW A RICKETTS VICE PRESIDENT 10172 LINN STATION ROAD LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID B PITCHFORD VP/Treasurer 10172 LINN STATION ROAD LOUISVILLE, KY 40223-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HELEN BRADLEY Asst. VP 11300 LONGSTREET DRIVE SPOTSYLVANIA, VA 22551-	<input checked="" type="checkbox"/> OFFICER	<input 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/ SUSAN M HOWARD	SUSAN M HOWARD, VP/SECR	11/10/2011
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.