

1.) CORPORATION NAME:

**PEAK CONSTRUCTION COMPANY**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**M A KOEBIG  
1296 RESORT DRIVE  
MASSANUTTEN, VA 22840**

SCC ID NO: **03150299**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROCKINGHAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 610 W RIO RD  
BOX 6006

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	M A KOEBIG	
TITLE:	PRESIDENT	
ADDRESS:	1296 RESORT DRIVE	
CITY/ST/ZIP/CO:	MASSANUTTEN, VA 22840	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID K BROWN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1296 RESORT DRIVE	
CITY/ST/ZIP/CO:	MASSANUTTEN, VA 22840	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KRISTY PEIFER	
TITLE:	VICE PRESIDENT	
ADDRESS:	1296 RESORT DRIVE	
CITY/ST/ZIP/CO:	MASSANUTTEN, VA 22840	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	C D HAMMER	
TITLE:	SEC/TREAS	
ADDRESS:	610 W RIO RD	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARRETT M. SMITH	
TITLE:	ASST SECRETARY	
ADDRESS:	610 W. RIO RD.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN C. KROHN	
TITLE:	EXECUTIVE VP	
ADDRESS:	610 WEST RIO RD.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

NAME: MARC J. LANDAU TITLE: DIRECTOR ADDRESS: 3015 N OCEAN BLVD CITY/ST/ZIP/CO: FT. LAUDERDALE, FL 33308	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS C. WATERBURY TITLE: DIRECTOR ADDRESS: 610 WEST RIO RD. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input 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/ GARRETT M. SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARRETT M. SMITH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/21/2013 DATE
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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.