

1.) CORPORATION NAME:

**PEAK CONSTRUCTION COMPANY**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CLARK & BRADSHAW, P.C.  
92 NORTH LIBERTY ST  
HARRISONBURG, VA**

SCC ID NO: **03150299**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HARRISONBURG CITY (FILED IN 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 checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN C. KROHN	
TITLE:	EXECUTIVE VP	
ADDRESS:	610 WEST RIO RD.	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901	

	<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:	KRISTINE S 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 type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES R. LAMBERT	
TITLE:	DIRECTOR	
ADDRESS:	3015 NORTH OCEAN BLVD	
CITY/ST/ZIP/CO:	FT LAUDERDALE, FL 33308	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C. WATERBURY DIRECTOR 610 WEST RIO RD. CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC J. LANDAU DIRECTOR 3015 NORTH OCEAN BLVD FT LAUDERDALE, VA 33308	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRETT M. SMITH ASST SEC/GC 610 WEST RIO RD. CHARLOTTESVILLE, VA 22901	<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/ GARRETT M.SMITH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARRETT M.SMITH, PRINTED NAME AND CORPORATE TITLE	1/27/2014 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.			