

1.) CORPORATION NAME:

ALPHA PI TAU ALUMNI CHAPTER OF ZETA PSI, INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT J CLEMENTS
12510 QUARTERHORSE LN
WOODBIDGE, VA 22192**

SCC ID NO: **03478484**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12510 QUARTERHORSE LN

CITY/ST/ZIP: WOODBRIDGE, VA 22192

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:	CHRISTOPHER BROOKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2241 Hunters Run Drive		
CITY/ST/ZIP/CO:	Herndon, VA 20191		
NAME:	MATT MENTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	817 LARCH VALLEY COURT		
CITY/ST/ZIP/CO:	LEESBURG, VA 20176		
NAME:	JOHN BURKETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	840 Larrabee St. Apt. 1-105		
CITY/ST/ZIP/CO:	West Hollywood, CA 90069		
NAME:	BOB CLEMENTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12510 QUARTERHORSE LN		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		
NAME:	Andrew Smith	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	730 Rivers Bend Lane		
CITY/ST/ZIP/CO:	Bumpass, VA 23024		
NAME:	ROCKY POUILLATH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8100 Landfall Court		
CITY/ST/ZIP/CO:	Gainesville, VA 20155		

NAME: Elias Stephens TITLE: DIRECTOR ADDRESS: 128 Fehr Lane CITY/ST/ZIP/CO: Mauertown, VA 22644	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Chris Lowrey TITLE: VICE PRESIDENT ADDRESS: 501 S. Davis Ave. Unit 2 CITY/ST/ZIP/CO: Richmond, VA 23220	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Richard Kelly TITLE: DIRECTOR ADDRESS: 6924 Fairfax Drive #232 CITY/ST/ZIP/CO: Arlington, VA 22213	<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/ BOB CLEMENTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BOB CLEMENTS, DIRECTOR PRINTED NAME AND CORPORATE TITLE	10/24/2012 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.		