

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215539000

1.) CORPORATION NAME:

**ALPHA PI TAU ALUMNI CHAPTER OF ZETA PSI, INC.**

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **03478484**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN BURKETT				
TITLE:	PRESIDENT				
ADDRESS:	840 LARRABEE ST. APT. 1-105				
CITY/ST/ZIP/CO:	WEST HOLLYWOOD, CA 90069				

		<input checked="" 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:	MATT MENTON				
TITLE:	TREASURER				
ADDRESS:	817 LARCH VALLEY COURT				
CITY/ST/ZIP/CO:	LEESBURG, VA 20176				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CHRISTOPHER BROOKS				
TITLE:	SECRETARY				
ADDRESS:	2241 HUNTERS RUN DRIVE				
CITY/ST/ZIP/CO:	HERNDON, VA 20191				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BOB CLEMENTS				
TITLE:	DIRECTOR				
ADDRESS:	12510 QUARTERHORSE LN				
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192				

		<input 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				

NAME: ROCKY POULLATH TITLE: DIRECTOR ADDRESS: 8100 LANDFALL COURT CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW SMITH TITLE: DIRECTOR ADDRESS: 730 RIVERS BEND LANE CITY/ST/ZIP/CO: BUMPASS, VA 23024	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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	10/24/2015 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.		