

1.) CORPORATION NAME:

VIRGINIA TECH REAL ESTATE FOUNDATION, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KEVIN G. SULLIVAN
902 PRICES FORK ROAD SUITE 145
BLACKSBURG, VA**

SCC ID NO: **03514585**

5.) STOCK INFORMATION

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

MONTGOMERY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 902 PRICES FORK RD
STE 4000

CITY/ST/ZIP: BLACKSBURG, VA 24061

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:	DR. JOHN E DOOLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	902 PRICES FORK RD STE 4000		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061-0142		
NAME:	MATTHEW M WINSTON, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 PRICES FORD RD STE 4000		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061-0142		
NAME:	DR. CHARLES W STEGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 PRICES FORK ROAD STE 4000		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061-0142		
NAME:	JAMES K ASSELSTINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 PRICES FORK ROAD STE 4000		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061-0142		
NAME:	MICHAEL J QUILLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	902 PRICES FORK ROAD STE 4000		
CITY/ST/ZIP/CO:	BLACKSBURG, VA 24061-0142		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN E SPENCER DIRECTOR 902 PRICES FORK ROAD STE 4000 BLACKSBURG, VA 24061-0142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A CALDWELL DIRECTOR 902 PRICES FORK ROAD STE 4000 BLACKSBURG, VA 24061-0142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN P REYNOLDS DIRECTOR 902 PRICES FORK RD STE 4000 BLACKSBURG, VA 24061-0142	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BEN J DAVENPORT, JR DIRECTOR 902 PRICES FORK RD STE 4000 BLACKSBURG, VA 24061-0142	<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/ DR. JOHN E DOOLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DR. JOHN E DOOLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/21/2013 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.			