

1.) CORPORATION NAME:

GALAX COMMUNITY APARTMENTS CORPORATION

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANAKA CASPER
448 DEPOT STREET NE
CHRISTIANSBURG, VA**

SCC ID NO: **03689973**

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: 448 DEPOT STREET NE

CITY/ST/ZIP: CHRISTIANSBURG, VA 24073

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:	JANAKA CASPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	448 DEPOT STREET NE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	ORLANDO ARTZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4915 RADFORD AVE		
CITY/ST/ZIP/CO:	SUITE 300 RICHMOND, VA 23230		
NAME:	JEFFREY K REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	448 DEPOT STREET NE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	KAREN TURNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	6960 CAMPBELL DRIVE		
CITY/ST/ZIP/CO:	SALEM, VA 24153		
NAME:	MALCOLM BATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5402 TUCKAHOE AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230		
NAME:	SUSAN GOODEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3705 BLUE LAKE DR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23233		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. JAMES HARRISON DIRECTOR PO BOX 355 SURRY, VA 23883	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH HAYES DIRECTOR 13009 HOLLY VIEW TERRACE MIDLOTHIAN, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY MORIKAWA DIRECTOR 1505 WESTOVER DRIVE BLACKSBURG, VA 24060	<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/ JANAKA CASPER	JANAKA CASPER, PRESIDENT	12/2/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			