

1.) CORPORATION NAME:

ELLETT ROAD APARTMENTS CORPORATION

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JANAKA CASPER
448 DEPOT STREET NE
CHRISTIANSBURG, VA 24073**

SCC ID NO: **03958147**

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 ST 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 ST NE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	ORLANDO ARTZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 WEST FRANKLIN STREET SUITE 300		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	JEFFREY K REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T		
ADDRESS:	448 DEPOT ST NE		
CITY/ST/ZIP/CO:	CHRISTIANSBURG, VA 24073		
NAME:	JANE HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	298 TEABERRY LANE		
CITY/ST/ZIP/CO:	CATAWBA, 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:	SUSAN T GOODEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2705 BLUE LAKE DR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		

NAME: Malcom Bates TITLE: DIRECTOR ADDRESS: 6606 west Broad St., Suite 400 CITY/ST/ZIP/CO: Richmond , VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Keith Hayes TITLE: DIRECTOR ADDRESS: 13009 Holy View Terrace CITY/ST/ZIP/CO: Midlothian, VA 23112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Rev. James Harrison TITLE: DIRECTOR ADDRESS: PO Box 355 CITY/ST/ZIP/CO: Surry, VA 23883	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Andy Morikawa TITLE: DIRECTOR ADDRESS: 1505 Westover Dr. CITY/ST/ZIP/CO: 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	6/28/2012
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.		