

1.) CORPORATION NAME:

GILES COMMUNITY APARTMENTS CORPORATION

DUE DATE: **3/31/2011**

SCC ID NO: **04070447**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: MALCOLM BATES
TITLE: DIRECTOR
ADDRESS: 6606 W. BROAD STREET
STE 400
CITY/ST/ZIP/CO: RICHMOND, VA 23230-

OFFICER DIRECTOR

NAME: SUSAN GOODGN
TITLE: DIRECTOR
ADDRESS: 2705 BLUE LAKE DR
CITY/ST/ZIP/CO: RICHMOND, VA 23200-

OFFICER DIRECTOR

NAME: JANAKA CASPER
TITLE: PRESIDENT
ADDRESS: 448 DEPOT STREET NE
CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073-

OFFICER DIRECTOR

NAME: JEFFREY K REED
TITLE: SEC/TREAS
ADDRESS: 448 DEPOT STREET NE
CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073-

OFFICER DIRECTOR

NAME: JANE HENDERSON
TITLE: CHAIRMAN
ADDRESS: 298 TEABERRY LANE
CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24070-

OFFICER 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	3/3/2011
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.