

1.) CORPORATION NAME:

GILES COMMUNITY APARTMENTS CORPORATION

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

OFFICER

JANAKA CASPER

448 DEPOT STREET NE

CHRISTIANSBURG, VA 24073

SCC ID NO: **04070447**

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

OFFICER

DIRECTOR

NAME: ORLANDO ARTZE
TITLE: VICE PRESIDENT
ADDRESS: 100 WEST FRANKLIN STREET
SUITE 300
CITY/ST/ZIP/CO: RICHMOND, VA 23220-

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

NAME: KAREN TURNER
TITLE: VICE CHAIRMAN
ADDRESS: 6960 CAMPBELL DRIVE
CITY/ST/ZIP/CO: SALEM, VA 24153-

OFFICER

DIRECTOR

NAME: SUSAN GOODGN TITLE: DIRECTOR ADDRESS: 2705 BLUE LAKE DR CITY/ST/ZIP/CO: RICHMOND, VA 23200-	<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 23883-0355	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH HAYES TITLE: DIRECTOR ADDRESS: PO BOX 980565 CITY/ST/ZIP/CO: RICHMOND, VA 23298-0565	<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
NAME: MALCOLM 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
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 _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANAKA CASPER, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
2/27/2012 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.	