

1.) CORPORATION NAME:

GILES COMMUNITY APARTMENTS CORPORATION

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ORLANDO ARTZE TITLE: VICE PRESIDENT ADDRESS: 100 WEST FRANKLIN STREET SUITE 300 CITY/ST/ZIP/CO: RICHMOND, VA 23220	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY K REED TITLE: SEC/TREAS ADDRESS: 448 DEPOT STREET NE CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JANE HENDERSON TITLE: CHAIRMAN ADDRESS: 298 TEABERRY LANE CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24070	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN TURNER TITLE: VICE CHAIRMAN ADDRESS: 6960 CAMPBELL DRIVE CITY/ST/ZIP/CO: SALEM, VA 24153	<input checked="" 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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN GOODGN DIRECTOR 2705 BLUE LAKE DR RICHMOND, VA 23200	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. JAMES HARRISON DIRECTOR PO BOX 355 SURRY, VA 23883-0355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH HAYES DIRECTOR PO BOX 980565 RICHMOND, VA 23298-0565	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDY MORIKAWA DIRECTOR 1505 WESTOVER DR. 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANAKA CASPER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/1/2013 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.			