

1.) CORPORATION NAME:

HOLLY COURT APARTMENTS CORPORATION

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **04194148**

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 TITLE: PRESIDENT ADDRESS: 448 DEPOT ST 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 ST., 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 ST 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: CATAWBA, 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: SUSAN GOODEN TITLE: DIRECTOR ADDRESS: 3705 BLUE LAKE DRIVE CITY/ST/ZIP/CO: RICHMOND, VA 23200	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Malcolm Bates DIRECTOR 5402 Tuckahoe Avenue Richmond, VA 23226	<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	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANAKA CASPER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/4/2012 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.			