

1.) CORPORATION NAME:

**HOLLY COURT APARTMENTS CORPORATION**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 4915 RADFORD AVE SUITE 300 CITY/ST/ZIP/CO: RICHMOND, VA 23230	<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: MALCOLM BATES TITLE: DIRECTOR ADDRESS: 5402 TUCKAHOE AVENUE CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input 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:	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 MIDOLTHIAN, 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	JANAKA CASPER, PRESIDENT	12/2/2013	
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.			