

1.) CORPORATION NAME: **WATER STREET PARKING GARAGE** DUE DATE: **2/28/2014**

**CONDOMINIUM ASSOCIATION** SCC ID NO: **04225264**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **JAMES R BERRY**  
**108 5TH ST NE**  
**CHARLOTTESVILLE, VA**

5.) STOCK INFORMATION  

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**CHARLOTTESVILLE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:  
 ADDRESS: 108 5TH ST NE  
 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22902

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:	JAMES R. BERRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	108 5TH ST NE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	S CRAIG BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 911		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	CHRIS J ENGEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 911		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	James Jessup	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO Box 9035		
CITY/ST/ZIP/CO:	Charlottesville, VA 22906		

NAME:	MAURICE JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 911		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22902		

NAME:	JUDITH MUELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 911		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		

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/ JAMES R. BERRY	JAMES R. BERRY, PRESIDENT	1/3/2014
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.		