

1.) CORPORATION NAME: **Homeward** DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **KELLY KING HORNE** SCC ID NO: **05749932**

**1125 COMMERCE ROAD
RICHMOND, VA 23224**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1125 COMMERCE ROAD
 CITY/ST/ZIP: RICHMOND, VA 23224

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: ANN LANG TITLE: SEC/DIR ADDRESS: Virginia Employment Commission P O BOX 1358 RICHMOND, VA 23226 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: KAREN STANLEY TITLE: TREAS/DIR ADDRESS: CARITAS P O BOX 25790 RICHMOND, VA 23260 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: PATRICK GEMMELL TITLE: DIRECTOR/CHAIR ADDRESS: Capital One 15000 CAPITAL ONE DRIVE RICHMOND, VA 23238 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: KELLY KING HORNE TITLE: EX DIR ADDRESS: Homeward 1125 COMMERCE ROAD RICHMOND, VA 23224 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: JOHN APOSTLE TITLE: VICE PRESIDENT ADDRESS: Genworth Financial 6620 WEST BROAD ST BLDG 1 RICHMOND, VA 23230 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>

NAME:	Jane D. Crawley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	County of Henrico P.O. Box 90775 Henrico, VA 23273		
CITY/ST/ZIP/CO:			
NAME:	Sheila Crossen-Powell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Hanover DSS P.O. Box 470 Hanover, VA 23069		
CITY/ST/ZIP/CO:			
NAME:	Denise Daly Konrad	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Richmond Memorial Health Foundation 1801 Bayberry Court Richmond, VA 23226		
CITY/ST/ZIP/CO:			
NAME:	Robyn Diehl McDougle	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	VCU 923 West Franklin St. Richmond, VA 23284		
CITY/ST/ZIP/CO:			
NAME:	M. Shea Hollifield	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Virginia DHCD 600 East Main St. Richmond, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	Paul McWhinney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Virginia DSS 801 East Main St., 11th Floor Richmond, VA 23219		
CITY/ST/ZIP/CO:			
NAME:	Sean Monroe	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Virginia Supportive Housing 500 Monument Ave., Suite 200 Richmond, VA 23226		
CITY/ST/ZIP/CO:			
NAME:	Greg Moyer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Snagajob 4880 Cox Road Glen Allen, VA 23060		
CITY/ST/ZIP/CO:			
NAME:	Frank Royal Jr., M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8001 Frostick Court Richmond, VA 23227		
CITY/ST/ZIP/CO:			
NAME:	Sarah Snead	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Chesterfield County P.O. Box 40 Chesterfield, VA 23832		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T.K. Somanath DIRECTOR Better Housing Coalition 23 West Broad St., Suite 100 Richmond, VA 23241	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ryann Wayne DIRECTOR The Frontier Project 2006 E. Franklin St., #103 Richmond, VA 23223	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Adrienne Whitaker DIRECTOR 12524 Cambie Pl. Henrico, VA 23233	<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/ KELLY KING HORNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KELLY KING HORNE, EX DIR PRINTED NAME AND CORPORATE TITLE	3/5/2013 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.			