

1.) CORPORATION NAME:

Spring Creek Business Park, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARRETT M. SMITH
610 W. RIO RD.
CHARLOTTESVILLE, VA**

SCC ID NO: **06192694**

5.) STOCK INFORMATION

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

ALBEMARLE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 610 W RIO ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901

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:	C D HAMMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	TREVOR C.D. HAMMER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	TONNA B BUONO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	GARRETT M SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	ROYANN R MURRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	610 W. RIO RD.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		
NAME:	STEVEN C. KROHN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	JOANN P HAMMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	610 W RIO ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

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.

<u>/s/ GARRETT M SMITH</u>	<u>GARRETT M SMITH, ASST</u>	<u>5/14/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.