

<p>1.) CORPORATION NAME: FoxCreek Owners Association, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JACK R. WILSON, III 9401 COURTHOUSE ROAD SUITE 204 CHESTERFIELD, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>	<p>DUE DATE: 6/30/2016</p> <p>SCC ID NO: 06599153</p> <p>5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </p>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4912 W BROAD STREET
STE 204

CITY/ST/ZIP: RICHMOND, VA 23230

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: DAVID W CLOAK TITLE: PRESIDENT ADDRESS: 1100 BOULDERS PKWY STE 101 CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: KENDRA MADISON TITLE: VICE PRESIDENT ADDRESS: 1100 BOULDERS PKWY STE 101 CITY/ST/ZIP/CO: NORTH CHESTERFIELD, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: GREGORY N KOONTZ TITLE: S/T ADDRESS: 1100 BOULDERS PKWY STE 101 CITY/ST/ZIP/CO: NORHT CHESTERFIELD, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ KENDRA MADISON	KENDRA MADISON, VICE PRESIDENT	5/20/2016
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.