

1.) CORPORATION NAME:

**Omicron Chapter of Beta Theta Pi, Hands and Torch of the
Mystic Seven, Inc.**

DUE DATE: **12/31/2012**

SCC ID NO: **06877948**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARRETT M SMITH
610 W. RIO RD.
CHARLOTTESVILLE, VA 22901**

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: 180 RUGBY ROAD

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903

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:	Mike O'Connell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	180 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	Matt Peck	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	180 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	Seth Nelson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	180 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	Phil Dormish	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	180 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	Jason Caire	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PLEDGE EDUCATOR		
ADDRESS:	180 RUGBY ROAD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	Kurt Geffken	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SOCIAL CHAIR		
ADDRESS:	180 RUGBY RD.		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME: Kris Monson TITLE: RECRUITMENT CH ADDRESS: 180 RUGBY RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Garrett Smith TITLE: ASST SECRETARY ADDRESS: 905 CHARTER OAKS DR. CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/> OFFICER	<input 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/ Garrett Smith	Garrett Smith, ASST SECRETARY	12/30/2012
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.