

1.) CORPORATION NAME:

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

DUE DATE: **12/31/2013**

SCC ID NO: **06877948**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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

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

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

NAME:	CHRIS CANTONE	<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:	KURT GEFFKEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	RECRUITMENT CH		
ADDRESS:	180 RUGBY RD		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22903		

NAME:	GARRETT SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	610 WEST 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.

/s/ GARRETT SMITH	GARRETT SMITH, ASST	2/17/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.