

1.) CORPORATION NAME:

**Hoban Property Management Corp.**

DUE DATE: **7/31/2011**

SCC ID NO: **07261241**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
TIFFANY OLINGER BACKER  
4477 OSPREY LN  
GLOUCESTER, VA 23061**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**GLOUCESTER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4477 OSPREY LN  
PO BOX 2298

CITY/ST/ZIP: GLOUCESTER, VA 23061-

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.

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIFFANY O BACKER		
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 2298		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TIFFANY O BACKER		
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 2298		
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061-		

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/ TIFFANY O BACKER	TIFFANY O BACKER, DIRECTOR	9/1/2011
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.