

1.) CORPORATION NAME:

**MID-AMERICA APARTMENT COMMUNITIES, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1272584**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6584 POPLAR AVE

CITY/ST/ZIP: MEMPHIS, TN 38138

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.

<p>NAME: LESLIE WOLFGANG TITLE: CORP SEC ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HAROLD ERIC BOLTON JR. TITLE: CHAIRMAN ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: AL CAMPBELL TITLE: CFO ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARGARET CONNELL ZOCCOLA TITLE: DIRECTOR OF TAX ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ALAN GRAF, JR. TITLE: DIRECTOR ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RALPH HORN TITLE: DIRECTOR ADDRESS: 6584 POPLAR AVE CITY/ST/ZIP/CO: MEMPHIS, TN 38138</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS H. LOWDER DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES K. LOWDER DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDE B. NIELSEN DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP NORWOOD DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAROLD W. RIPPS DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W REID SANDERS DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM SANSOM DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY SHORB DIRECTOR 6584 POPLAR MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. SPIEGEL DIRECTOR 6584 POPLAR AVE MEMPHIS, TN 38138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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/ LESLIE WOLFGANG	LESLIE WOLFGANG, CORP SEC	1/5/2015
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.