

1.) CORPORATION NAME:

Home Properties, Inc.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1328873**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	80,000,000
PREFER	10,000,000
OTH	10,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 850 CLINTON SQ

CITY/ST/ZIP: ROCHESTER, NY 14604

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: EDWARD J PETTINELLA TITLE: P/CEO ADDRESS: 850 CLINTON SQ CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANN M MC CORMICK TITLE: EVP/S/GEN COU ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DAVID P GARDNER TITLE: EVP/CFO ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN R BLANK TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALAN L GOSULE TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LEONARD F HELBIG, III TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES J KOCH TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS P LYDON, JR TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CLIFFORD W SMITH, JR TITLE: DIRECTOR ADDRESS: 850 CLINTON SQUARE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael D Barnello TITLE: DIRECTOR ADDRESS: 850 Clinton Square CITY/ST/ZIP/CO: Rochester, NY 14604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Bonnie S Biumi TITLE: DIRECTOR ADDRESS: 850 Clinton Square CITY/ST/ZIP/CO: Rochester, NY 14604	<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/ ANN M MC CORMICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANN M MC CORMICK, EVP/S/GEN COU PRINTED NAME AND CORPORATE TITLE	2/10/2014 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.		