

1.) CORPORATION NAME: COLLEGIATE HOUSING SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD GLEN ALLEN, VA	DUE DATE: 8/31/2013 SCC ID NO: F1560541 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: IN			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5175 E 65TH ST CITY/ST/ZIP: INDIANAPOLIS, IN 46220	
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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.
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NAME: DAVID D NEAL TITLE: P/T ADDRESS: 5175 E 65TH ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: TIMOTHY L WADE TITLE: VICE PRESIDENT ADDRESS: 5175 E 65TH ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MAYROSE T SNIDER TITLE: SECRETARY ADDRESS: 5175 E 65TH ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DARYL COX TITLE: DIRECTOR ADDRESS: 5175 E. 65TH ST CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46220	<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/ DAVID D NEAL	DAVID D NEAL, P/T	6/27/2013
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.