

1.) CORPORATION NAME:

Alpha Chi Omega National Housing Corporation

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1569393**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5939 CASTLE CREEK PARKWAY NORTH DRIVE

CITY/ST/ZIP: INDIANAPOLIS, IN 46250

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 checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MIKELLE BRADY	
TITLE:	PRESIDENT	
ADDRESS:	1108 PALO VISTA RD.	
CITY/ST/ZIP/CO:	GREENWOOD, IN 46143	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TAMI SHIELDS SILVERMAN	
TITLE:	EX D/ASST S/T	
ADDRESS:	5939 CASTLE CREEK PKWY N DR.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46250	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CASSIE GERHARDT	
TITLE:	SECRETARY	
ADDRESS:	5759 W PRAIRIEWOOD DR	
CITY/ST/ZIP/CO:	GRAND FORKS, ND 58201	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HEATHER CLAYBROOK	
TITLE:	DIRECTOR	
ADDRESS:	2321 CLOVER RIDGE DR	
CITY/ST/ZIP/CO:	CEDAR PARK, TX 78613	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANGELA HARRIS	
TITLE:	DIRECTOR	
ADDRESS:	2553 THORNAPPLE DR.	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48103	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTINA MULLINS	
TITLE:	DIRECTOR	
ADDRESS:	422 STRAFFORD AVE	
CITY/ST/ZIP/CO:	APT 1A WAYNE, PA 19087	

NAME: DIANE MURPHY TITLE: DIRECTOR ADDRESS: 24561 KINGS RD CITY/ST/ZIP/CO: LAGUNA NIGUEL, CA 92677	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SUSAN WILSON TITLE: DIRECTOR ADDRESS: 1701 W AVENIDA DE MAXIMILLIAN CITY/ST/ZIP/CO: TUCSON, AZ 85704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ TAMI SHIELDS SILVERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TAMI SHIELDS SILVERMAN, EX D/ASST S/T PRINTED NAME AND CORPORATE TITLE	1/16/2014 DATE
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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.