

1.) CORPORATION NAME:

HD Development of Maryland, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1578436**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000
PREFER	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2455 PACES FERRY ROAD

CITY/ST/ZIP: ATLANTA, GA 30339

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: MARVIN ELLISON TITLE: PRESIDENT ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CAROL B TOME TITLE: VP, TREAS. ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TERESA WYNN ROSEBOROUGH TITLE: VP, SECT. ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: L BRILEY BRISENDINE, JR. TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STACY S INGRAM TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOCELYN J. HUNTER TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JAMES D. BRAMLETT JR. TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DUANE A. PORTWOOD TITLE: ASST TREASURER ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DWAIN KIMMET TITLE: ASST TREASURER ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input 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/ STACY S INGRAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STACY S INGRAM, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/8/2014 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.		