

1.) CORPORATION NAME:

Comstock Homebuilding Companies, Inc.

DUE DATE: **12/30/2010**

SCC ID NO: **F1612375**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	77,266,500
COMB	2,733,500
PREFER	20,000,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11465 SUNSET HILLS RD, 4TH FLOOR

CITY/ST/ZIP: RESTON, VA 20190-

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:	GREGORY BENSON	
TITLE:	PRES/COO	
ADDRESS:	11465 SUNSET HILLS RD 4TH FLOOR	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	A CLAYTON PERFALL	
TITLE:	DIRECTOR	
ADDRESS:	11465 SUNSET HILLS ROAD 4TH FLOOR	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER CLEMENTE	
TITLE:	CEO	
ADDRESS:	11465 SUNSET HILLS RD 4TH FLOOR	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JUBAL THOMPSON	
TITLE:	SECRETARY	
ADDRESS:	11465 SUNSET HILLS RD 4TH FLOOR	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN D CHIRITE DIRECTOR 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOCRATES VERSES DIRECTOR 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M GUERNSEY DIRECTOR 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A MACCUTCHEON DIRECTOR 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT P PINCUS DIRECTOR 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH M SQUERI CFO 11465 SUNSET HILLS RD 4TH FLOOR RESTON, VA 20190-	<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/ JUBAL THOMPSON	JUBAL THOMPSON, SECRETARY	1/25/2011	
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.			