

1.) CORPORATION NAME:

Comstock Holding Companies, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1612375**

RICHMOND, VA 23219

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1886 METRO CENTER DR., 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.

NAME:	GREGORY BENSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
ADDRESS:	1886 METRO CENTER DR. 4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	CHRISTOPHER CLEMENTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1886 METRO CENTER DR. 4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	JOSEPH M SQUERI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1886 METRO CENTER DR. 4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	JUBAL THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1886 METRO CENTER DR. 4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	NORMAN D CHIRITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1886 METRO CENTER DR. 4TH FLOOR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M GUERNSEY DIRECTOR 1886 METRO CENTER DR. 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 1886 METRO CENTER DR. 4TH FLOOR RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A CLAYTON PERFALL DIRECTOR 1886 METRO CENTER DR. 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 1886 METRO CENTER DR. 4TH FLOOR RESTON, VA 20190	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOCRATES VERSES DIRECTOR 1886 METRO CENTER DR. 4TH FLOOR RESTON, VA 20190	<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/ JUBAL THOMPSON	JUBAL THOMPSON, SECRETARY	12/4/2012	
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.			