

1.) CORPORATION NAME:

DUE DATE: **11/30/2010**

Sigma Kappa National Housing Corporation

SCC ID NO: **F1648338**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

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: 8733 FOUNDERS RD

CITY/ST/ZIP: INDIANAPOLIS, IN 46268-

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: SHEILA BARNES
TITLE: PRESIDENT
ADDRESS: PO BOX 1397
CITY/ST/ZIP/CO: ASHEBORO, NC 27204-

OFFICER DIRECTOR

NAME: MARY ANN LATTIMORE
TITLE: VP-PROPERTY MGT
ADDRESS: 105 LONDON RD
CITY/ST/ZIP/CO: LAWNSDALE, NC 22101-

OFFICER DIRECTOR

NAME: JENNIFER PAINTER
TITLE: VP-SUPV&TRAININ
ADDRESS: 8706 LAKERIDGE DRIVE
CITY/ST/ZIP/CO: LOUISVILLE, IN 40272-

OFFICER DIRECTOR

NAME: KA ANNE MORRIS
TITLE: DIRECTOR
ADDRESS: 8733 FOUNDERS RD
CITY/ST/ZIP/CO: INDPLS, IN 46268-

OFFICER DIRECTOR

NAME: ANN-MARIE FONTAINE
TITLE: TREASURER
ADDRESS: 435 NANCY LANE
CITY/ST/ZIP/CO: HARRISVILLE, RI 02830-

OFFICER 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.

<u>/s/ KA ANNE MORRIS</u>	<u>KA ANNE MORRIS, DIRECTOR</u>	<u>9/9/2010</u>
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.