

1.) CORPORATION NAME:

Richmond Equities REIT Corp.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1792821**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	375
PREFA	125

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9830 COLONNADE BLVD
STE 600

CITY/ST/ZIP: SAN ANTONIO, TX 78230-2239

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: LEONARD J O'DONNELL TITLE: PRESIDENT ADDRESS: 9830 COLONNADE BLVD. SUITE 600 CITY/ST/ZIP/CO: SAN ANTOINIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GLEN E MITTS TITLE: EMD ADDRESS: 9830 COLONNADE BLVD STE 600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STANLEY R ALTERMAN TITLE: EMD ADDRESS: 9830 COLONNADE BLVD. #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRUCE S CHILDS TITLE: MD ADDRESS: 9830 COLONNADE BLVD., #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TONI M FISHER TITLE: ASST SECRETARY ADDRESS: 9830 COLONNADE BLVD., #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES K HARDIN TITLE: ASST SECRETARY ADDRESS: 9830 COLONNADE BLVD., #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PATRICK A IRWIN TITLE: SFO ADDRESS: 9830 COLONNADE BLVD #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRUCE C PETERSEN TITLE: EMD ADDRESS: 9830 COLONNADE BLVD #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SUSAN T WALLACE TITLE: EMD ADDRESS: 9830 COLONNADE BLVD., #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVEN A WATERS TITLE: SECRETARY/CLO ADDRESS: 9830 COLONNADE BLVD #600 CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-2239	<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/ STEVEN A WATERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN A WATERS, SECRETARY/CLO _____ PRINTED NAME AND CORPORATE TITLE	5/27/2014 _____ 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.		