

A. Ralph Mollis, Secretary of Stat Corporations Divisio

148 W. River Stree Providence, RI 02904-261 401.222.304

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

			REPORT MUST BE TYPED ng to file its annual report within				
1. Corporate ID No.	2. Name of Corpo	2. Name of Corporation					
125309	LAMBDA CH	LAMBDA CHI ALPHA PROPERTIES INC					
3. State of Incorporation	4. Corporate addr	4. Corporate address in Rhode Island - Street Address			Zip		
INDIANA	Scott Tsaga	Scott Tsagarakis 34 Lower College Road			02881		
5. Foreign corporation. Enter principal office address 8741 Founders Road			City Indianapolis	State 1N	^{Zip} 46268		
6 Brief Description of the chara		are actually conducted in R	· · · · · · · · · · · · · · · · · · ·		10200		
own and operate fraterr		·-	20. 12 (2.11)				
	SSES OF THE OFF	CFR8: ("X" BOX FOX A	TLACHUBAT) 🔲 BILL IN SPAC	es refore using a	n Aeistead		
President Name				Vice President Name			
Mike Smith				Mark Perks			
Street Address			3274 Kenyon Rd	Street Address 3274 Kenyon Rd			
600 Harrison St	State	Zip	City	State	Zip		
Denver	CO	80206	Upper Arlington	ОН	43221		
Secretary Name William T Farkas			Treasurer Name Thomas Larson				
Street Address 8741 Founders Road			Street Address 3547 Las Palmas A	Street Address 3547 Las Palmas Ave			
City	State	Zip	City	State	Zip		
Indianapolis	IN	46268	Glendale	CA	91208		
8. NAMES AND ADDRE	sses of the dik	ectors: ("x" box for	aptachment) 🗌 fill in SPA	CES REPORE LISTING	ATTACHMENTS		
THE NUMBER OF DIR	ECTORS OF A DOI	erstic (innove iši)	NO) CORPORATION SHALL	NOT HE LESS THAN	<u>(HREE (3)</u> . R.I.G.L. 7-6-23		
Director Name			Director Name		10		
Street Address			Street Address				
City	Stale	Zip	City	State	70 Zip 2		
Director Name		<u>,, </u>	Director Name		=		
Street Address			Street Address		5 .		
Сйу	State	Zip	City	State	P rip		
& DEGISTEDES ACEN	E IN EHOBE ISLAT	ED-L DO NOT LITER	Changes require Ding of Pe	sem 641 - R I G.L 74			
Agent Name Scott C Tsagarakis			Address				
Address			City	2:4			
34 Lower College Road			Kingston	_ ·	2881		
This report	must be signed by e	either the President, Vi	e President, Secretary, Assistan	nt Secretary, Treasurer	, Receiver or Trustee		
	2 5 3 0 9	APR 0	3 2010 652	of periury. I declare and	affirm that I have examined thi		
	_ , , , ,	ByO	report, including	any accompanying sche	dules and statements, and that a		

Scott C Tsagarakis	Nauress	
Address 34 Lower College Road	City Kingston	2ip 02881
This report must be signed by either the signed by		3/18/10 Date