

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002442

FILED
Feb 07, 2011
Secretary of State

Entity Name: STUDENT HOUSING OF AMERICA, INC.

Current Principal Place of Business:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE ROAD, N.W.
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE ROAD, N.W.
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2472789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: COATS, BRYANT G
Address: 3060 PEACHTREE ROAD, NW, SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: CFOV
Name: WEST, JOHN R
Address: 3060 PEACHTREE ROAD, NW, SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: VAS
Name: NORTHCUTT, CHASE
Address: 3060 PEACHTREE ROAD, NW, SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: SD
Name: NORTHCUTT, CHARLES W III
Address: 100 CAMELLIA DRIVE
City-St-Zip: DOTHAN, AL 36303

Title: VPD
Name: SIMMONS, GORDON J
Address: 17 CHURCH STREET
City-St-Zip: ASHEVILLE, NC 28801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. WEST

CFOV

02/07/2011

Electronic Signature of Signing Officer or Director

Date