

1.) CORPORATION NAME:

**TWCC Holding Corp.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **00390278**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 INTERSTATE NORTH PKWY SE

CITY/ST/ZIP: ATLANTA, GA 30339

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: DAVID W KENNY TITLE: C/P ADDRESS: 300 INTERSTATE NORTH PARKWAY SE CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: IAN LORING TITLE: PRESIDENT ADDRESS: 111 HUNTINGTON AVE CITY/ST/ZIP/CO: BOSTON, MA 02110</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EDWARD C SWINDLER TITLE: PRESIDENT ADDRESS: 75 ROCKEFELLER PLAZA CITY/ST/ZIP/CO: NEW YORK, NY 10019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PETER WALLACE TITLE: P/S/T ADDRESS: 345 PARK AVENUE 31ST FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10154</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KATHERINE ANGELL TITLE: VICE PRESIDENT ADDRESS: 300 INTERSTATE NORTH PARKWAY CITY/ST/ZIP/CO: ATLANTA, GA 30339</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDWARD HAN TITLE: VP/S/T ADDRESS: C/O BAIN CAPITAL PARTNERS LLC CITY/ST/ZIP/CO: 111 HUNTINGTON AVENUE BOSTON, MA 02110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HIGGS VP/AS 300 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R PERLEY MCBRIDE VP/AS 300 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY SAIDMAN VP/AS 300 INTERSTATE NORTH PARKWAY ATLANTA, GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W SCOTT SEELEY VP/S/T C/O NBC UNIVERSAL 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GABRIELA KORNZWEIG ASST SECRETARY C/O NBC UNIVERSAL 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN LORD HR STEERING COM 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEVIN O'REILLEY HR STEERING COM 111 HUNTINGTON AVE BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRIS WALTERS COO 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE CAPUS DIRECTOR 30 ROCKEFELLER PLAZA NEW YORK, NY 10112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JILL GREENTHAL DIRECTOR C/O BLACKSTONE MANAGEMENT ASSOCIATES V, LLC 345 PARK AVENUE, 31ST FLOOR NEW YORK, NY 10154	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BLAIR HENDRIX TITLE: DIRECTOR ADDRESS: C/O BAIN CAPITAL PARTNERS, LLC 111 HUNTINGTON AVENUE CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANDY MILLER TITLE: DIRECTOR ADDRESS: 300 INTERSTATE NORTH PARKWAY SE CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KEARNON O'MOLONY TITLE: DIRECTOR ADDRESS: 300 INTERSTATE NORTH PARKWAY SE CITY/ST/ZIP/CO: ATLANTA, GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: STEPHEN PAGLIUCA TITLE: DIRECTOR ADDRESS: 111 HUNTINGTON AVE CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: VIVIAN SCHILLER TITLE: DIRECTOR ADDRESS: 30 ROCKEFELLER PLAZA CITY/ST/ZIP/CO: NEW YORK, NY 10112	<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/ GABRIELA KORNZWEIG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GABRIELA KORNZWEIG, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/18/2013 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.		