

1.) CORPORATION NAME:

**TWCC Holding Corp.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID W KENNY	
TITLE:	C/P	
ADDRESS:	300 INTERSTATE NORTH PARKWAY SE	
CITY/ST/ZIP/CO:	ATLANTA, GA 30339	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	IAN LORING	
TITLE:	PRESIDENT	
ADDRESS:	111 HUNTINGTON AVE	
CITY/ST/ZIP/CO:	BOSTON, MA 02110	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWARD C SWINDLER	
TITLE:	PRESIDENT	
ADDRESS:	75 ROCKEFELLER PLAZA	
CITY/ST/ZIP/CO:	NEW YORK, NY 10019	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER WALLACE	
TITLE:	P/S/T	
ADDRESS:	345 PARK AVENUE 31ST FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10154	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHERINE ANGELL	
TITLE:	VP/AS	
ADDRESS:	300 INTERSTATE NORTH PARKWAY	
CITY/ST/ZIP/CO:	ATLANTA, GA 30339	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EDWARD HAN	
TITLE:	VP/S/T	
ADDRESS:	C/O BAIN CAPITAL PARTNERS LLC 111 HUNTINGTON AVENUE	
CITY/ST/ZIP/CO:	BOSTON, MA 02110	

NAME:	WILLIAM HIGGS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		
NAME:	GARY SAIDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/AS		
ADDRESS:	300 INTERSTATE NORTH PARKWAY		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		
NAME:	GABRIELA KORNZWEIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	C/O NBC UNIVERSAL		
CITY/ST/ZIP/CO:	100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608		
NAME:	DEVIN O'REILLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	HR STEERING COM		
ADDRESS:	111 HUNTINGTON AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	CHRIS WALTERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	100 UNIVERSAL CITY PLAZA		
CITY/ST/ZIP/CO:	UNIVERSAL CITY, CA 91608		
NAME:	JILL GREENTHAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O BLACKSTONE MANAGEMENT ASSOCIATES V, LLC		
CITY/ST/ZIP/CO:	345 PARK AVENUE, 31ST FLOOR NEW YORK, NY 10154		
NAME:	BLAIR HENDRIX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O BAIN CAPITAL PARTNERS, LLC		
CITY/ST/ZIP/CO:	111 HUNTINGTON AVENUE BOSTON, MA 02110		
NAME:	ANDY MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 INTERSTATE NORTH PARKWAY SE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		
NAME:	STEPHEN PAGLIUCA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 HUNTINGTON AVE		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		
NAME:	VIVIAN SCHILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	30 ROCKEFELLER PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10112		
NAME:	George Callard	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	300 Interstate North Parkway		
CITY/ST/ZIP/CO:	Atlanta, GA 30339		

NAME: Jeroen Peter Johan Kuipers TITLE: CFO/T ADDRESS: 300 Interstate North Parkway CITY/ST/ZIP/CO: Atlanta , GA 30339	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Greg Blank TITLE: DIRECTOR ADDRESS: c/o Blackstone Management Associates V, LLC CITY/ST/ZIP/CO: 345 Park Avenue, 31st Floor New York, NY 10154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Sandy Grushow TITLE: DIRECTOR ADDRESS: 300 Interstate North Parkway CITY/ST/ZIP/CO: Atlanta , GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Gail McGovern TITLE: DIRECTOR ADDRESS: 300 Interstate North Parkway CITY/ST/ZIP/CO: Atlanta , GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Sharon Scott TITLE: DIRECTOR ADDRESS: 300 Interstate North Parkway CITY/ST/ZIP/CO: Atlanta, GA 30339	<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	12/4/2013 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.		