

1.) CORPORATION NAME: Western Residential, Inc.	DUE DATE: 5/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802	SCC ID NO: 04667036				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1745 SHEA CENTER DRIVE
Suite 200

CITY/ST/ZIP: HIGHLANDS RANCH, CO 80129

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.

NAME: WARREN L TROUPE TITLE: PRESIDENT ADDRESS: 1745 SHEA CENTER DR SUITE 200 CITY/ST/ZIP/CO: HIGHLANDS RANCH, CO 80129	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: William D. Licko TITLE: SECRETARY ADDRESS: 1745 Shea Center Drive Suite 200 CITY/ST/ZIP/CO: Highlands Ranch, CO 80129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	--------------------------	----------

NAME: William D. Licko TITLE: TREASURER ADDRESS: 1745 Shea Center Drive Suite 200 CITY/ST/ZIP/CO: Highlands Ranch, CO 80129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	--------------------------	----------

NAME: Leslie E. Green TITLE: ASST SECRETARY ADDRESS: 1745 Shea Center Drive Suite CITY/ST/ZIP/CO: Highlands Ranch, CO 80129	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	--------------------------	----------

NAME: Deborah J. Shannon TITLE: ASST SECRETARY ADDRESS: 1745 Shea Center Drive Suite 200 CITY/ST/ZIP/CO: Highlands Ranch, CO 80129	<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/ Leslie E. Green	Leslie E. Green,	6/26/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		