

1.) CORPORATION NAME:

**CWC Gift Card Co.**

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05731146**

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: 999 LAKE DRIVE

CITY/ST/ZIP: ISSAQUAH, WA 98027

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: JOSEPH PORTERA TITLE: PRESIDENT ADDRESS: 45940 HORSESHOE DRIVE CITY/ST/ZIP/CO: STERLING, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL WILLIAM LATHAM TITLE: VICE PRESIDENT ADDRESS: 999 LAKE DRIVE CITY/ST/ZIP/CO: ISSAQUAH, WA 98027</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HAROLD ELLIOT KAPLAN TITLE: TREASURER ADDRESS: 999 LAKE DRIVE CITY/ST/ZIP/CO: ISSAQUAH, WA 98027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARGARET E MCCULLA TITLE: SECRETARY ADDRESS: 45940 HORSESHOE DRIVE CITY/ST/ZIP/CO: STERLING, VA 20166</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD JAMES OLIN TITLE: ASST SECRETARY ADDRESS: 999 LAKE DRIVE CITY/ST/ZIP/CO: ISSAQUAH, WA 98027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GAIL ELLEN TSUBOI TITLE: ASST SECRETARY ADDRESS: 999 LAKE DRIVE CITY/ST/ZIP/CO: ISSAQUAH, WA 98027</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	TOM PADILLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		

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.

<u>/s/ GAIL ELLEN TSUBOI</u>	<u>GAIL ELLEN TSUBOI, ASST</u>	<u>1/6/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.