

1.) CORPORATION NAME: Twenty / 20 Management, Inc.	DUE DATE: 6/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN N SPICER 504 SOUTH MAIN STREET BLACKSBURG, VA 24060	SCC ID NO: 07110190				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: MONTGOMERY COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 NORTH MAIN ST
SUITE 500-420

CITY/ST/ZIP: BLACKSBURG, VA 24060

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: STEVE ORNDORFF		
TITLE: DIRECTOR		
ADDRESS: 830 GEORGE EDWARD VIA		
CITY/ST/ZIP/CO: CHRISTIANSBURG, VA 24073		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL WILLIAMS		
TITLE: DIRECTOR		
ADDRESS: 125 N MAIN ST		
CITY/ST/ZIP/CO: STE 500-420 BLACKSBURG, VA 24060		

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/ STEVE ORNDORFF	STEVE ORNDORFF, DIRECTOR	6/22/2012
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.