

1.) CORPORATION NAME:

WINCHESTER HOMES INC.

DUE DATE: **1/31/2011**

SCC ID NO: **F0513392**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6905 ROCKLEDGE DR STE 800

CITY/ST/ZIP: BETHESDA, MD 20817-

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: DIANE OCONNELL
TITLE: VP/ASST SEC
ADDRESS: 6905 ROCKLEDGE DR STE 800
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: TOM STOCKS
TITLE: VP/T
ADDRESS: 33663 WEYERHAEUSER WAY S
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003-

OFFICER

DIRECTOR

NAME: JOHN P MONACCI
TITLE: SVP
ADDRESS: 6905 ROCKLEDGE DR
STE 800
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: LAWRENCE B BURROWS
TITLE: DIRECTOR
ADDRESS: 32901 WEYETHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-

OFFICER

DIRECTOR

NAME: ALAN E SHAPIRO
TITLE: PRESIDENT
ADDRESS: 6905 ROCKLEDGE DR STE 800
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC T. CHADWICK VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS K. BOURKE VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. ANDERS, JR. VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER D. COLLINS SVP 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J. CONLEY VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERI A. DRAIN ASST SECRETARY 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE S. GRACE SECRETARY 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE S. GRACE VICE PRESIDENT 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL C. KARNS VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN B. KAY ASST SECRETARY 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI A. MERRICK ASST SECRETARY 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J. NARDELLA SVP 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY W. NITTA ASST TREASURER 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLISON RENZ ASST SECRETARY 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M. SMITH ASST SECRETARY 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN G. STUART VICE PRESIDENT 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ <u>DIANE OCONNELL</u>	<u>DIANE OCONNELL, VP/ASST SEC</u>	<u>1/28/2011</u>
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.