

1.) CORPORATION NAME:

**WINCHESTER HOMES INC.**

DUE DATE: **1/31/2012**

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

OFFICER

DIRECTOR

NAME: JAMES A. ANDERS, JR.  
TITLE: VICE PRESIDENT  
ADDRESS: 6905 ROCKLEDGE DR STE 800  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: THOMAS K. BOURKE  
TITLE: VICE PRESIDENT  
ADDRESS: 6905 ROCKLEDGE DR STE 800  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: MARC T. CHADWICK  
TITLE: VICE PRESIDENT  
ADDRESS: 6905 ROCKLEDGE DR STE 800  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

DIRECTOR

NAME: MICHAEL J. CONLEY  
TITLE: VICE PRESIDENT  
ADDRESS: 6905 ROCKLEDGE DR STE 800  
CITY/ST/ZIP/CO: BETHESDA, MD 20817-

OFFICER

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:	JOHN G. STUART 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:	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:	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:	JOHN P MONACCI 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:	STEPHEN J. NARDELLA 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:	LAWRENCE B BURROWS DIRECTOR 32901 WEYETHAUSER WAY SOUTH FEDERAL WAY, WA 98001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANE O'CONNELL VP/ASST SEC 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM STOCKS VP/T 32901 WEYERHAEUSER WAY S FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: CLARE S. GRACE TITLE: VICE PRESIDENT ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CLARE S. GRACE TITLE: SECRETARY ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: VICKI A. MERRICK TITLE: ASST SECRETARY ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ALLISON RENZ TITLE: ASST SECRETARY ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: THOMAS M. SMITH TITLE: ASST SECRETARY ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JEFFREY W. NITTA TITLE: ASST TREASURER ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-	<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/ DIANE O'CONNELL	DIANE O'CONNELL, VP/ASST SEC	12/29/2011
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.