

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214505802

1.) CORPORATION NAME:

WINCHESTER HOMES INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0513392**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6905 ROCKLEDGE DRIVE
SUITE 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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ALAN E SHAPIRO				
TITLE:	PRESIDENT				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DIANE O'CONNELL				
TITLE:	VP/ASSIST. SEC.				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JAMES A. ANDERS, JR.				
TITLE:	VICE PRESIDENT				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS K. BOURKE				
TITLE:	VICE PRESIDENT				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARC T. CHADWICK				
TITLE:	VICE PRESIDENT				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MICHAEL J. CONLEY				
TITLE:	VICE PRESIDENT				
ADDRESS:	6905 ROCKLEDGE DR STE 800				
CITY/ST/ZIP/CO:	BETHESDA, MD 20817				

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:	THOMAS R STOCKS CHIEF INVEST. 32901 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98001	<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:	JEFFREY W. NITTA TREASURER 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER D. COLLINS SR. VP 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:	JOHN P MONACCI SR. VP 6905 ROCKLEDGE DR STE 800 BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE W. HAWN ASST 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:	PETER M. ORSER DIRECTOR 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, VA 98003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEVIN W. STOCKFISH SECRETARY/VP 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, VA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT R VOKEY GENERAL COUNSEL 33663 WEYERHAEUSER WAY SOUTH FEDERAL WAY, VA 98003	<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/ DIANE O'CONNELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANE O'CONNELL, VP/ASSIST. SEC. PRINTED NAME AND CORPORATE TITLE	1/28/2014 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.			