

1.) CORPORATION NAME:

**SMITH THREE, INC.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1180381**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

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: 9200 E PANORAMA CIRCLE  
SUITE 400

CITY/ST/ZIP: ENGLEWOOD, CO 80112-

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: ARIEL AMIR  
TITLE: GC/SEC/VP  
ADDRESS: 9200 E PANORAMA CIRCLE  
STE 400  
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-

OFFICER

DIRECTOR

NAME: RICK D JACOBSEN  
TITLE: EVP/TREAS  
ADDRESS: 9200 E PANORAMA CIRCLE  
STE 400  
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-

OFFICER

DIRECTOR

NAME: R SCOT SELLERS  
TITLE: CEO/CHAIRMAN  
ADDRESS: 9200 E PANORAMA CIRCLE  
#400  
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-

OFFICER

DIRECTOR

NAME: JEFF FITTS  
TITLE: DIRECTOR  
ADDRESS: 125 PARK AVE STE 2500  
CITY/ST/ZIP/CO: NEW YORK, NY 10017-

OFFICER

DIRECTOR

NAME: NEIL BROWN  
TITLE: CDO/EVP  
ADDRESS: 6 PIEDMONT CENTER NE  
SUITE 600  
CITY/ST/ZIP/CO: ATLANTA, GA 30305-

OFFICER

DIRECTOR

NAME: ASH K. ATWOOD TITLE: SVP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS S. REIF TITLE: ASST SECRETARY ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: R. MICHAEL SHOMO TITLE: AGC/SVP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL R. BERMAN TITLE: ASST TREASURER ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARK P. PEPPERCORN TITLE: SVP ADDRESS: 9200 E PANORAMA CIRCLE SUITE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT C LUND, JR TITLE: GVP ADDRESS: 9200 E PANORAMA CIRCLE STE 400 CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-	<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/ ROBERT C LUND, JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT C LUND, JR, GVP _____ PRINTED NAME AND CORPORATE TITLE	6/7/2011 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.		