

1.) CORPORATION NAME:

SMITH TWO, INC.

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

SCC ID NO: **F1180399**

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/EVP
ADDRESS: 9200 E PANORAMA CIR
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
ADDRESS: 9200 E PANORAMA CIR
STE 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: ROBERT C LUND JR
TITLE: GVP-TAX
ADDRESS: 9200 E PANORAMA CIRCLE
STE 400
CITY/ST/ZIP/CO: ENGLEWOOD, CO 80112-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES E. MUELLER, JR. COO/EVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS S. REIF ASST SECRETARY 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEIL BROWN CDO/EVP 6 PIEDMONT CENTER NE SUITE 600 ATLANTA, GA 30305-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ASH K. ATWOOD Controller/GVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R. SHOMO AGC/SVP 9200 E PANORAMA CIRCLE SUITE 400 ENGLEWOOD, CO 80112-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL R. BERMAN ASST TREASURER 9200 E PANORAMA CIRCLE SUITE 400 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-TAX PRINTED NAME AND CORPORATE TITLE	6/8/2011 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.		