

1.) CORPORATION NAME:

Phoenix Landing Foundation

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN AWTREY
6327 BARKSY CT
FAIRFAX STATION, VA 22039**

SCC ID NO: **F1562604**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1233

CITY/ST/ZIP: ASHEVILLE, NC 28802

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:	ANN BROOKS	
TITLE:	P/T	
ADDRESS:	434 Cedar Hill Road	
CITY/ST/ZIP/CO:	ALEXANDER, NC 28701	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN AWTREY	
TITLE:	EXEC VP	
ADDRESS:	6327 BARKSY COURT	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22039	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EMILIE EVANS	
TITLE:	VICE PRESIDENT	
ADDRESS:	451 WEST 44TH #3	
CITY/ST/ZIP/CO:	NEW YORK, NY 10036	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WENDY HUNTBATCH	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 1233	
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28802	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT STAHL, DVM	
TITLE:	VICE PRESIDENT	
ADDRESS:	4105 RUST ROAD	
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHANIE TURNBULL	
TITLE:	VICE PRESIDENT	
ADDRESS:	2346 FAIR OAKS RD	
CITY/ST/ZIP/CO:	DECATUR, GA 30033	

NAME: LIZ WILSON TITLE: VICE PRESIDENT ADDRESS: PO BOX 1233 CITY/ST/ZIP/CO: ASHEVILLE, NC 28802	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KATHRYN MAY TITLE: SECRETARY ADDRESS: 430 KIRKMAN'S FORD RD CITY/ST/ZIP/CO: SILER CITY, IN 27344	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Frank Rutowski, DVM TITLE: DIRECTOR ADDRESS: 1216 Matthews Mint Hill Rd CITY/ST/ZIP/CO: Matthews, NC 28105	<input type="checkbox"/>	OFFICER	<input checked="" 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/ ANN BROOKS	ANN BROOKS, P/T	1/26/2013		
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.				