

1.) CORPORATION NAME:

AWIN Management, Inc.

DUE DATE: **2/29/2012**

SCC ID NO: **F1616293**

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: 18500 NORTH ALLIED WAY

CITY/ST/ZIP: PHOENIX, AZ 85054-

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: EDWARD A. LANG, III
TITLE: TREASURER/VP, F
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: BRIAN A. BALES
TITLE: PRESIDENT
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: TIM M. BENTER
TITLE: ASST SEC/VP
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: EILEEN B. SCHULER
TITLE: SECRETARY
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: W. T. EGGLESTON, JR.
TITLE: ASST SEC/VP
ADDRESS: 18500 NORTH ALLIED WAY
CITY/ST/ZIP/CO: PHOENIX, AZ 85054-

OFFICER

DIRECTOR

NAME: LAWRENCE FOCAZIO TITLE: VICE PRESIDENT ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MARSHA A. LACY TITLE: ASST TREASURER ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL P. RISSMAN TITLE: ASST SEC/VP ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CHARLES F. SERIANNI TITLE: DIRECTOR ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANDREW SWEET TITLE: ASST SEC/VP ADDRESS: 18500 NORTH ALLIED WAY CITY/ST/ZIP/CO: PHOENIX, AZ 85054-	<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/ EILEEN B. SCHULER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EILEEN B. SCHULER, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/19/2012 DATE
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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.