

1.) CORPORATION NAME:

Wimberly Allison Tong & Goo NA, Inc.

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

DUE DATE: **7/31/2011**

SCC ID NO: **F1675364**

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: 8001 IRVINE CTR DRIVE
STE 500

CITY/ST/ZIP: IRVINE, CA 92618-

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: MICHAEL R SEYLE
TITLE: PRES/CEO
ADDRESS: 8001 IRVINE CTR DRIVE
STE 500
CITY/ST/ZIP/CO: IRVINE, CA 92618-

OFFICER

DIRECTOR

NAME: WILLIAM P BROWN
TITLE: S/VP
ADDRESS: 8001 IRVINE CTR DRIVE
STE 500
CITY/ST/ZIP/CO: IRVINE, CA 92618-

OFFICER

DIRECTOR

NAME: PETER PRIEBE
TITLE: CFO
ADDRESS: 8001 IRVINE CTR DRIVE
STE 500
CITY/ST/ZIP/CO: IRVINE, CA 92618-

OFFICER

DIRECTOR

NAME: RONALD J HOLECEK
TITLE: DIRECTOR
ADDRESS: 8001 IRVINE CTR DRIVE
STE 500
CITY/ST/ZIP/CO: IRVINE, CA 92618-

OFFICER

DIRECTOR

NAME: WILLIAM REED TITLE: DIRECTOR ADDRESS: 1201 WESTERN AVE STE 350 CITY/ST/ZIP/CO: SEATTLE, WA 98101-	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ PETER PRIEBE</u>	<u>PETER PRIEBE, CFO</u>	<u>7/27/2011</u>
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.