

1.) CORPORATION NAME:  
**VACATION RESORTS INTERNATIONAL,  
INCORPORATED(USED IN VA BY: VACATION RESORTS  
INTERNATIONAL)**

DUE DATE: **8/31/2014**

SCC ID NO: **F1678616**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  
**CORPORATE CREATIONS NETWORK INC.  
6802 PARAGON PLACE SUITE 410  
RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25510 Commercentre Drive  
Suite 100

CITY/ST/ZIP: Lake Forest, CA 92630

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:	LOREN GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	23041 AVENID DE LA CAROLTA, STE 400		
CITY/ST/ZIP/CO:	LAGUNA HILLS, CA 92653		

NAME:	WILLIAM L HARVEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6262 SUNSET DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33143		

NAME:	JEANETTE E MARBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6262 SUNSET DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33143		

NAME:	STACEY SHILLING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	23041 AVENIDA DE LA CARLOTA SUITE 400		
CITY/ST/ZIP/CO:	LAGUNA HILLS, CA 92653		

NAME:	EDUARDO M FERNANDEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6262 SUNSET DRIVE		
CITY/ST/ZIP/CO:	MIAMI, FL 33143		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A GALEA TREASURER 6262 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTORIA J KINCKE SECRETARY 6262 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER A WEST ASST SECRETARY 6262 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY I FRASER DIRECTOR 23041 AVENIDA DE LA CARLOTA STE 400 LAGUNA HILLS, CA 92653	<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/ VICTORIA J KINCKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VICTORIA J KINCKE, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/27/2014 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.			