

1.) CORPORATION NAME:

Troxell Communications, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1727231**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4830 SOUTH 38TH ST

CITY/ST/ZIP: PHOENIX, AZ 85040

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.

<p>NAME: BARON CARLSON TITLE: VP/ASST SEC ADDRESS: 40 WEST 72ND ST CITY/ST/ZIP/CO: NEW YORK, NY 10023</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHARLOTTE CROCHET TITLE: Co-Pres/SVP/Sec ADDRESS: 4830 SOUTH 38TH ST CITY/ST/ZIP/CO: PHOENIX, AZ 85040</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN COZZI TITLE: DIRECTOR ADDRESS: 450 KIMBALL TURN CITY/ST/ZIP/CO: WESTFIELD, NJ 07090</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALAN WILKINSON TITLE: DIRECTOR ADDRESS: 993 FIFTH AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10028</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT L BERRY TITLE: Co-Pres/SVP ADDRESS: 4708 EAST SIERRA SUNSET TRL CITY/ST/ZIP/CO: CAVE CREEK, AZ 85331</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL FABIO TITLE: VP FIN/TREAS ADDRESS: 4028 EAST WINDSOR AVE. CITY/ST/ZIP/CO: PHOENIX, AZ 85008</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: BARBARA L. BURNS TITLE: VP/ASST SEC ADDRESS: 131 EAST 17TH STREET, #11 CITY/ST/ZIP/CO: NEW YORK, NY 10003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES TROXELL TITLE: DIRECTOR ADDRESS: 11633 S. TUSAYAN COURT CITY/ST/ZIP/CO: PHOENIX, AZ 85044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY HARPER TITLE: DIRECTOR ADDRESS: 410 EAST 50TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERON MEEKS TITLE: PRES INTGRD AV ADDRESS: 6624 COMMUNITY DR. CITY/ST/ZIP/CO: HOUSTON, TX 77005	<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/ MICHAEL FABIO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL FABIO, VP FIN/TREAS PRINTED NAME AND CORPORATE TITLE	10/22/2012 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.		