

1.) CORPORATION NAME:

**TMC Franchise Corporation**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1790700**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1130 WEST WARNER ROAD BUILDING B

CITY/ST/ZIP: TEMPE, AZ 85284

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:	BRIAN HANNASCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4080 WEST JONATHAN MOORE PIKE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47201		
NAME:	DENNIS TEWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1130 WEST WARNER RD BLDG B		
CITY/ST/ZIP/CO:	TEMPE, AZ 85284		
NAME:	SYLVAIN AUBRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4204 INDUSTRIEL BLVD		
CITY/ST/ZIP/CO:	LAVAL, QC, H7L 0E3, CANADA , , FN		
NAME:	MITCH FILIERE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1130 WEST WARNER RD BLDG B		
CITY/ST/ZIP/CO:	TEMPE, VA		
NAME:	KATHY CUNNINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREA, SECRE		
ADDRESS:	1130 WEST WARNER RD BLDG B		
CITY/ST/ZIP/CO:	TEMPE, AZ 85284		
NAME:	BRIAN HANNASCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	4080 WEST JONATHAN MOORE PIKE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47201		

NAME: GEOFFREY C HAXEL  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 1130 WEST WARNER RD BLDG B  
CITY/ST/ZIP/CO: TEMPE, AZ 85284

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/ SYLVAIN AUBRY</u>	<u>SYLVAIN AUBRY, ASST</u>	<u>4/12/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.