

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN HANNASCH	
TITLE:	PRESIDENT	
ADDRESS:	4080 WEST JONATHAN MOORE PIKE	
CITY/ST/ZIP/CO:	COLUMBUS, IN 47201	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DENNIS TEWELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	1130 WEST WARNER RD BLDG B	
CITY/ST/ZIP/CO:	TEMPE, AZ 85284	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KATHY CUNNINGTON	
TITLE:	TREA,SECRE	
ADDRESS:	1130 WEST WARNER RD BLDG B	
CITY/ST/ZIP/CO:	TEMPE, AZ 85284	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SYLVAIN AUBRY	
TITLE:	ASST SECRETARY	
ADDRESS:	4204 INDUSTRIEL BLVD	
CITY/ST/ZIP/CO:	, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MITCH FILIERE	
TITLE:	ASST SECRETARY	
ADDRESS:	1130 WEST WARNER RD BLDG B	
CITY/ST/ZIP/CO:	TEMPE, VA	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BRIAN HANNASCH	
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.