

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003568

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** EAST WEST PARTNERS MANAGEMENT COMPANY

**Current Principal Place of Business:**

14700 VILAGE SQUARE PL  
MIDLOTHIAN, VA 23112

**New Principal Place of Business:**

14700 VILLAGE SQUARE PL  
MIDLOTHIAN, VA 23112 US

**Current Mailing Address:**

14700 VILAGE SQUARE PL  
MIDLOTHIAN, VA 23112

**New Mailing Address:**

14700 VILLAGE SQUARE PL  
MIDLOTHIAN, VA 23112 US

**FEI Number:** 54-1391866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FENCHUK, GARY W  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: VPD  
Name: CARLISLE, H. CLEM  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: SD  
Name: PEARSON, KATHRYN H  
Address: 14700 VILLAGE SQUARE PLACE  
City-St-Zip: MIDLOTHIAN, VA 23112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN H. PEARSON

SD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date