

1.) CORPORATION NAME: <b>H&amp;H Medical Corporation</b>	DUE DATE: <b>6/30/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ROBERT H. HARDER LOT 9, ROUTE 715 P.O. BOX 189  BENA, VA</b>	SCC ID NO: <b>02305944</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>GLOUCESTER COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4173 G W MEMORIAL HIGHWAY  
CITY/ST/ZIP: ORDINARY, VA 23131

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: ROBERT HARRY HARDER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CHAIRMAN				
ADDRESS: P O BOX 189				
CITY/ST/ZIP/CO: BENA, VA 23018				

NAME: PAUL XAVIER HARDER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 3956 St. Erics Turn				
CITY/ST/ZIP/CO: Williamsburg, VA 23185				

NAME: ROBERT H B HARDER	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 2904 Finch Drive				
CITY/ST/ZIP/CO: Danville, VA 24540				

NAME: Eric J Harder	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 6012 Inwood St.				
CITY/ST/ZIP/CO: Cheverly, MD 20785				

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/ PAUL XAVIER HARDER	PAUL XAVIER HARDER,	4/22/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.