

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>COMMONWEALTH HOME HEALTH CARE, INC.</b>  | DUE DATE: <b>10/31/2014</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>ROBERT MCFARLAND<br/>479 PINEY FOREST RD<br/>DANVILLE, VA</b> | SCC ID NO: <b>02350668</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>DANVILLE CITY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 5,000   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>  |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 479 PINEY FOREST ROAD

CITY/ST/ZIP: DANVILLE, VA 24540

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: DANNY JONES<br>TITLE: PRESIDENT<br>ADDRESS: 479 PINEY FOREST ROAD<br>CITY/ST/ZIP/CO: DANVILLE, VA 24540           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT MCFARLAND<br>TITLE: VICE PRESIDENT<br>ADDRESS: 479 PINEY FOREST ROAD<br>CITY/ST/ZIP/CO: DANVILLE, VA 24540 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT WARREN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 479 PINEY FOREST ROAD<br>CITY/ST/ZIP/CO: DANVILLE, VA 24540    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JACK THOMSON, II<br>TITLE: SEC/TREAS<br>ADDRESS: 479 PINEY FOREST ROAD<br>CITY/ST/ZIP/CO: DANVILLE, VA 24540      | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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/ DANNY JONES                                     | DANNY JONES, PRESIDENT           | 8/18/2014 |
| 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.