

1.) CORPORATION NAME: WILMINGTON TREATMENT CENTER, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 6/30/2014 SCC ID NO: 03046554 5.) STOCK INFORMATION <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				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 20400 STEVENS CREEK BLVD STE 600 CITY/ST/ZIP: CUPERTINO, CA 95014

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: JEROME E RHODES TITLE: PRESIDENT ADDRESS: 1375 Newark Rd. CITY/ST/ZIP/CO: Kennett Square, PA 19348	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: LEANNE M STEWART TITLE: TREASURER ADDRESS: 20400 STEVENS CREEK BLVD CITY/ST/ZIP/CO: STE 600 CUPERTINO, CA 95014	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PAMELA B BURKE TITLE: SECRETARY ADDRESS: 20400 STEVENS CREEK BLVD CITY/ST/ZIP/CO: STE 600 CUPERTINO, CA 95014	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ PAMELA B BURKE	PAMELA B BURKE, SECRETARY	6/17/2014
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.