

1.) CORPORATION NAME:

THE NATIONAL HOSPICE REGATTA ALLIANCE, INC.

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES H MALONEY
104 N OAK ST
FALLS CHURCH, VA**

SCC ID NO: **05115241**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1879 AMBERWOOD MANOR CT

CITY/ST/ZIP: VIENNA, VA 22182

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: JEAN S KLUTTZ TITLE: PRESIDENT ADDRESS: 1879 AMBERWOODMANOR CT CITY/ST/ZIP/CO: VIENNA, VA 22182	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERESA L DECKER TITLE: VICE PRESIDENT ADDRESS: 9900 ROCKWOOD RD CITY/ST/ZIP/CO: CHARLOTTE, NC 28215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA CHATZKEL TITLE: TREASURER ADDRESS: 44123 N. 23RD STREET CITY/ST/ZIP/CO: NEW RIVER, AZ 85087	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM NORTHWOOD TITLE: SECRETARY ADDRESS: 12 MODEL LANE CITY/ST/ZIP/CO: ROCHESTER, NY 14618	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BETSY LAWLESS TITLE: DIRECTOR ADDRESS: 310 SAGAMORE DRIVE CITY/ST/ZIP/CO: ROCHESTER, NY 14617-2408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD TOMLINSON TITLE: DIRECTOR ADDRESS: 429 DEVILS LANE CITY/ST/ZIP/CO: BALLSTON SPA, NY 12020	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JULIE TURNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	220 DUTCHER LANE		
CITY/ST/ZIP/CO:	QUEENSTOWN, MD 21658		

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/ BARBARA CHATZKEL</u>	<u>BARBARA CHATZKEL,</u>	<u>12/5/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.