

1.) CORPORATION NAME: Capital Hospice	DUE DATE: 11/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060	SCC ID NO: 05118781
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2900 TELESTAR COURT

CITY/ST/ZIP: FALLS CHURCH, VA 22042

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: MALENE SMITH-DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: P/CEO			
ADDRESS: 4610 SOUTH 3RD STREET			
CITY/ST/ZIP/CO: ARLINGTON, VA 22204			

NAME: MARK WEBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: S/T			
ADDRESS: 746 WALKER ROAD			
CITY/ST/ZIP/CO: STE 26 GREAT FALLS, VA 22066			

NAME: ROBIN PORTMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: CHAIR			
ADDRESS: 1101 WOOTTON PKWY			
CITY/ST/ZIP/CO: 8TH FLOOR ROCKVILLE, MD 20852			

NAME: DAVID A SCHWIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: CFO/EVP			
ADDRESS: 2900 TELESTAR COURT			
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22042-1206			

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/ MALENE SMITH-DAVIS	MALENE SMITH-DAVIS, P/CEO	10/5/2012
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.