

1.) CORPORATION NAME: Chinchilla Health Information Network	DUE DATE: 2/28/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JANICE E GARLITZ PC 39927 NEW RD ALDIE, VA	SCC ID NO: 05342787
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1403 SUMMERSET PLACE CITY/ST/ZIP: HERNDON, VA 20170	
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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: LISA A MARSH TITLE: PRESIDENT ADDRESS: 1403 SUMMERSET PLACE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: HANNA SIEMERING TITLE: VICE PRESIDENT ADDRESS: 7297 COMMERCE STREET CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: STEPHEN M VETTER TITLE: S/T ADDRESS: 1403 SUMMERSET PLACE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: TAMMY HART TITLE: DIRECTOR ADDRESS: 413 WILLOW VIEW LANE CITY/ST/ZIP/CO: SAINT PETERS, MO 63376-5342	<input 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/ STEPHEN M VETTER	STEPHEN M VETTER, S/T	3/7/2014
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.