

1.) CORPORATION NAME: <b>Chinchilla Health Information Network</b>	DUE DATE: <b>2/29/2016</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JANICE E GARLITZ PC 39927 NEW RD ALDIE, VA</b>	SCC ID NO: <b>05342787</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

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	4/12/2016
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.