

1.) CORPORATION NAME: Inside Workplace Wellness, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JANET G MCNICHOL 1527 TWISTED OAK DR RESTON, VA 20194 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 4/30/2012 SCC ID NO: 07367451 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: 1527 Twisted Oak Drive CITY/ST/ZIP: Reston, VA 20194

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: JANET Grace MCNICHOL TITLE: DIRECTOR ADDRESS: 1527 TWISTED OAK DR CITY/ST/ZIP/CO: RESTON, VA 20194	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
---	---

NAME: Janet Grace McNichol TITLE: PRESIDENT ADDRESS: 1527 Twisted Oak Drive CITY/ST/ZIP/CO: Reston, VA 20194	<input checked="" type="checkbox"/> OFFICER <input 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/ JANET Grace MCNICHOL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JANET Grace MCNICHOL, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/12/2012 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.