

1.) CORPORATION NAME: SURECARE FOUNDATION INC.	DUE DATE: 8/31/2016		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LEGALINC CORPORATE SERVICES INC 1900 CAMPUS COMMONS DR STE 100 RESTON, VA	SCC ID NO: 07944432		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2503 JAMES MAURY DR CITY/ST/ZIP: HERNDON, VA 20171	
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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: JOHN BELLO TITLE: DIRECTOR ADDRESS: 2503 JAMES MAURY DR CITY/ST/ZIP/CO: HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: CALVIN CHIEW TITLE: DIRECTOR ADDRESS: 2503 JAMES MAURY DR CITY/ST/ZIP/CO: HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MIKE IGE TITLE: DIRECTOR ADDRESS: 1265 TOPO CREEK DR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46214	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: JOSHUA SALAKO TITLE: DIRECTOR ADDRESS: 4112 TOWNHOUSE RD APT A CITY/ST/ZIP/CO: HENRICO, VA 23228	<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/ JOHN BELLO	JOHN BELLO, DIRECTOR	8/31/2016
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.