

1.) CORPORATION NAME:

DUE DATE: **4/30/2012**

LEGEND EQUITIES CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1137191**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 EAST PARK DRIVE SUITE 300

CITY/ST/ZIP: PALM BEACH GARDENS, FL 33410

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.

<p>NAME: MARK J SPINELLO TITLE: PRESIDENT ADDRESS: 4600 E PARK DRIVE STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DANIEL W CARLSON TITLE: VP/S ADDRESS: 4600 E PARK DRIVE STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL W HAMM TITLE: VICE PRESIDENT ADDRESS: 4600 E PARK DR STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SAMUEL A KUEHN TITLE: VICE PRESIDENT ADDRESS: 4600 E PARK DR STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: REGINA M RUDNICK TITLE: VICE PRESIDENT ADDRESS: 4600 EAST PARK DRIVE STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JAMES J JOHNSTON TITLE: TREASURER ADDRESS: 4600 E PARK DRIVE STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN D GORDON TITLE: AVP ADDRESS: 640 JOHNSON AVE SUITE 204 CITY/ST/ZIP/CO: BOHEMIA, NY 11716	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SHASHI MEHROTRA TITLE: DIRECTOR ADDRESS: 4600 E PARK DR STE 300 CITY/ST/ZIP/CO: PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL D STROHM TITLE: DIRECTOR ADDRESS: 6300 LAMAR AVE CITY/ST/ZIP/CO: SHAWNEE MISSION, KS 66202	<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.		
<u>/s/ SAMUEL A KUEHN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SAMUEL A KUEHN, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>6/14/2012</u> 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.		