

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

LEGEND EQUITIES CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1137191**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: JAMES V REYNOLDS-HALE 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES J JOHNSTON TREASURER 4600 E PARK DRIVE STE 300 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D GORDON AVP 640 JOHNSON AVE SUITE 204 BOHEMIA, NY 11716	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOEL E MARKS DIRECTOR 4600 E PARK DR STE 300 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHASHI MEHROTRA DIRECTOR 4600 E PARK DR STE 300 PALM BEACH GARDENS, FL 33410	<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/ DANIEL W CARLSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL W CARLSON, VP/S PRINTED NAME AND CORPORATE TITLE	3/18/2014 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.			