

1.) CORPORATION NAME:

ZEE MEDICAL, INC.

DUE DATE: **11/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

SCC ID NO: **F1315359**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22 CORPORATE PARK

CITY/ST/ZIP: IRVINE, CA 92606-5105

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:	WILLIE C BOGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	NICHOLAS A LOIACONO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	CARA SWANK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-FINANCE		
ADDRESS:	22 CORPORATE PARK		
CITY/ST/ZIP/CO:	IRVINE, CA 92606-5105		
NAME:	MELISSA WU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	LAWRENCE BURKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	22 CORPORATE PARK		
CITY/ST/ZIP/CO:	IRVINE, CA 92606-		

NAME:	KAREN M PINEDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		

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/ KAREN M PINEDA</u>	<u>KAREN M PINEDA, ASST</u>	<u>11/30/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.