

1.) CORPORATION NAME: Active Health Management, Inc.	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F1399981
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: DE	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1333 Broadway
CITY/ST/ZIP: New York, NY 10016

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: Richard L. Noffsinger	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 1333 Broadway		
CITY/ST/ZIP/CO: New York, NY 10016		
NAME: Edward Chung-I Lee	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: VP/Secretary		
ADDRESS: 1333 Broadway		
CITY/ST/ZIP/CO: New York, NY 10016		
NAME: Elaine Rose Cofrancesco	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: TREASURER		
ADDRESS: 1333 Broadway		
CITY/ST/ZIP/CO: New York, NY 10016		
NAME: Mark T. Bertolini	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 1333 Broadway		
CITY/ST/ZIP/CO: New York, NY 10016		

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/ Edward Chung-I Lee	Edward Chung-I Lee, VP/Secretary	6/3/2013
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.