

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

**ADMINISTRATORS FOR THE PROFESSIONS OF
DELAWARE, INC.**

SCC ID NO: **F1447905**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

5.) STOCK INFORMATION

**ATTORNEY
JOHN V ROBINSON
7102 THREE CHOPT RD
RICHMOND, VA 23226**

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 HOLLOW LANE SUITE 204

CITY/ST/ZIP: LAKE SUCCESS, NY 11042-

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: EMILY SILLMAN-GILES TITLE: VICE PRESIDENT ADDRESS: 1 HOLLOW LANE SUITE 204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: ELIZABETH SLANE TITLE: SECRETARY ADDRESS: 1 HOLLOW LANE STE 204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-</p>	<p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p>
<p>NAME: SETH GOLDBERG TITLE: DIRECTOR ADDRESS: 600 NORTHERN BLVD CITY/ST/ZIP/CO: GREAT NECK, NY 11021-</p>	<p><input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p>
<p>NAME: ANTHONY V BARBIERO TITLE: DIRECTOR ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-</p>	<p><input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p>
<p>NAME: DEBORAH GOLDBERG TITLE: DIRECTOR ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-</p>	<p><input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR</p>

NAME: IRWIN F GILES TITLE: PRESIDENT ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BALWANT PATEL TITLE: TREASURER ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GENNADY BORODKIN TITLE: VICE PRESIDENT ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN DELANY TITLE: VICE PRESIDENT ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS DOYLE TITLE: VICE PRESIDENT ADDRESS: ONE HOLLOW LN., #204 CITY/ST/ZIP/CO: LAKE SUCCESS, NY 11042-	<input checked="" type="checkbox"/> OFFICER <input 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/ IRWIN F GILES _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	IRWIN F GILES, PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	10/5/2011 _____ 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.		