

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214501349

1.) CORPORATION NAME:

LifeMark Partners, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1462003**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SOUTH HARBOR BUSINESS DRIVE
1414 KEY HWY STE H

CITY/ST/ZIP: BALTIMORE, MD 21230

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.

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|-----------------|------------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | WILLIAM J SHELOW JR. | | | | |
| TITLE: | PRESIDENT | | | | |
| ADDRESS: | 4161 WINGATE DR. | | | | |
| CITY/ST/ZIP/CO: | COLLEGEVILLE, PA 19426 | | | | |

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|-----------------|-----------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | LEON HUFFMAN | | | | |
| TITLE: | TREASURER | | | | |
| ADDRESS: | 350 OLOLU AVENUE | | | | |
| CITY/ST/ZIP/CO: | WINTER PARK, FL 32789 | | | | |

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|-----------------|--------------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | MALCOLM SKLAR | | | | |
| TITLE: | CHAIRMAN | | | | |
| ADDRESS: | 20 THANKFUL BRADLEY ROAD | | | | |
| CITY/ST/ZIP/CO: | REDDING, CT 06896 | | | | |

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|-----------------|--------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | KERRY CAPUTO | | | | |
| TITLE: | SECRETARY | | | | |
| ADDRESS: | 18 EDGARWOOD COURT | | | | |
| CITY/ST/ZIP/CO: | PHOENIX, MD 21131 | | | | |

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|-----------------|-------------------------|--------------------------|---------|-------------------------------------|----------|
| | | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | MICHAEL COHEN | | | | |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 370 BRIAR LANE | | | | |
| CITY/ST/ZIP/CO: | HIGHLAND PARK, IL 60035 | | | | |

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|-----------------|--------------------|--------------------------|---------|-------------------------------------|----------|
| | | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | STEVE JACKSON | | | | |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 1032 KANSAS LANE | | | | |
| CITY/ST/ZIP/CO: | GALLATIN, TN 37066 | | | | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------|
| NAME: MELINDA S MEYER TITLE: DIRECTOR ADDRESS: 4569 ROCKY MOUNTAIN DRIVE CITY/ST/ZIP/CO: MEDINA, OH 44256 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MARK ROSEN TITLE: DIRECTOR ADDRESS: 924 ACADEMY PLACE CITY/ST/ZIP/CO: PITTSBURGH, PA 15243 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN RUCKER TITLE: DIRECTOR ADDRESS: 7864 HARRIOTT ROAD CITY/ST/ZIP/CO: DUBLIN, OH 43017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEVEN W JACKSON TITLE: DIRECTOR ADDRESS: 1032 KANSAS LANE CITY/ST/ZIP/CO: GALLATIN, TN 37066 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN W FELTON IV TITLE: DIRECTOR ADDRESS: 5212 BENT RIVE BLVD CITY/ST/ZIP/CO: KNOXVILLE, TN 37919 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEVEN T TABER TITLE: DIRECTOR ADDRESS: 6038 AZALEA LANE CITY/ST/ZIP/CO: DALLAS, TX 75230 | <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/ WILLIAM J SHELOW JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | WILLIAM J SHELOW JR., PRESIDENT PRINTED NAME AND CORPORATE TITLE | 12/17/2013 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. | | |