

1.) CORPORATION NAME:

**IMPACT HEALTH BIOMETRIC TESTING, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX ROAD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **7/31/2011**

SCC ID NO: **F1476730**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1040 FIRST AVE  
SUITE 100

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406-

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES GALLGHER	
TITLE:	EX VP/CFO	
ADDRESS:	581 S HEILBRON DR	
CITY/ST/ZIP/CO:	MEDIA, PA 19063-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J MICHAEL MCNAMARA	
TITLE:	PRESIDENT	
ADDRESS:	3585 CONESTOGA RD	
CITY/ST/ZIP/CO:	GLENMOORE, PA 19343-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL MCENTEE	
TITLE:	PRESIDENT	
ADDRESS:	46 WAGNER RD	
CITY/ST/ZIP/CO:	WESTERLY, RI 02891-	

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/ JAMES GALLGHER	JAMES GALLGHER, EX VP/CFO	7/7/2011
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.