

1.) CORPORATION NAME:

IMPACT HEALTH BIOMETRIC TESTING, INC.

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

SCC ID NO: **F1476730**

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

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: 1006 WEST 9TH AVENUE
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 checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL MCENTEE	
TITLE:	PRESIDENT	
ADDRESS:	46 WAGNER RD	
CITY/ST/ZIP/CO:	WESTERLY, RI 02891-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J MICHAEL MCNAMARA	
TITLE:	PRESIDENT	
ADDRESS:	1112 LAFAYETTE ROAD	
CITY/ST/ZIP/CO:	WAYNE, PA 19087-	

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

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 GALLAGHER	JAMES GALLAGHER, EX VP/CFO	7/19/2011
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.