

1.) CORPORATION NAME: <b>LifeWatch Services Inc.</b>	DUE DATE: <b>7/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</b>	SCC ID NO: <b>F1555152</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>7,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	7,000,000
CLASS	AUTHORIZED				
COMMON	7,000,000				
6.) PRINCIPAL OFFICE ADDRESS:					
ADDRESS: 10255 W HIGGINS ROAD STE 100					
CITY/ST/ZIP: ROSEMONT, IL 60018					
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.					

6.) PRINCIPAL OFFICE ADDRESS:	
ADDRESS: 10255 W HIGGINS ROAD STE 100	
CITY/ST/ZIP: ROSEMONT, IL 60018	

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: YACOV GEVA	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: PRES/CEO				
ADDRESS: 10255 W HIGGINS RD, STE 100				
CITY/ST/ZIP/CO: ROSEMONT, IL 60018				

NAME: MICHAEL TURCHI	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 10255 W HIGGINS ROAD				
CITY/ST/ZIP/CO: STE 100 ROSEMONT, IL 60018				

NAME: KOBİ BEN EFRAİM	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 10255 W HIGGINS RD STE 100				
CITY/ST/ZIP/CO: ROSEMONT, IL 60018				

NAME: URS WETTSTEIN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 10255 W HIGGINS RD STE 100				
CITY/ST/ZIP/CO: ROSEMONT, IL 60018				

NAME: Michael Turchi	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 10255 W Higgins Road				
CITY/ST/ZIP/CO: Suite 100 Rosemont, IL 60018				

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/ MICHAEL TURCHI	MICHAEL TURCHI, TREASURER	7/17/2012
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.		