

1.) CORPORATION NAME: <b>ACTIVE CARE INC.</b>	DUE DATE: <b>8/31/2015</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>F1559733</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND, VA</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NJ</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>COMV</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	100,000
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 119 LITTLETON RD

CITY/ST/ZIP: PARSIPPANY, NJ 07054

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: THOMAS F MOONEY	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 119 LITTLETON RD				
CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054				

NAME: GLENN RUNNE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 119 LITTLETON RD				
CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054				

NAME: PATRICK J LYNCH	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CHAIRMAN				
ADDRESS: 119 LITTLETON RD				
CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054				

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/ THOMAS F MOONEY	THOMAS F MOONEY, PRESIDENT	8/26/2015
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.