

1.) CORPORATION NAME:

Take Charge America, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1591694**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20620 NORTH 19TH AVENUE

CITY/ST/ZIP: PHOENIX, AZ 85027-3585

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: KEVIN P HALL
TITLE: SR VP BUS DEV
ADDRESS: 20620 N 19TH AVE
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-3583

OFFICER DIRECTOR

NAME: MARY E HALL
TITLE: COO
ADDRESS: 20620 N 19TH AVE
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-3585

OFFICER DIRECTOR

NAME: DAVID H RICHARDSON
TITLE: CFO
ADDRESS: 20620 N 19TH AVENUE
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

OFFICER DIRECTOR

NAME: DAVID S HAINES
TITLE: DIRECTOR
ADDRESS: 1539 W VIRGINIA AVENUE
CITY/ST/ZIP/CO: PHOENIX, AZ 85007-

OFFICER DIRECTOR

NAME: MICHAEL A HALL
TITLE: DIRECTOR
ADDRESS: 20620 NORTH 19TH AVENUE
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-3585

OFFICER DIRECTOR

NAME: CAROL J LOWN TITLE: SECRETARY ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN J FISHER TITLE: PRESIDENT ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT J LESLIE TITLE: DIRECTOR ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD L JUNCK TITLE: DIRECTOR ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEAN NORRIS TITLE: DIRECTOR ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH HAYNES TITLE: DIRECTOR ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RALPH GILBERTSEN TITLE: DIRECTOR ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027-	<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/ CAROL J LOWN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CAROL J LOWN, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
5/4/2011 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.	