

1.) CORPORATION NAME:

Take Charge America, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1591694**

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: 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: 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: DAVID H RICHARDSON TITLE: CFO ADDRESS: 20620 N 19TH AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85027	<input checked="" type="checkbox"/> OFFICER	<input 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
NAME: DAVID S HAINES TITLE: DIRECTOR ADDRESS: 1539 W VIRGINIA AVENUE CITY/ST/ZIP/CO: PHOENIX, AZ 85007	<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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD L JUNCK DIRECTOR 20620 N 19TH AVENUE PHOENIX, AZ 85027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J LESLIE DIRECTOR 20620 N 19TH AVENUE PHOENIX, AZ 85027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN NORRIS DIRECTOR 20620 N 19TH AVENUE PHOENIX, AZ 85027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrea White DIRECTOR 20620 N 19th Avenue 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/ JOHN J FISHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN J FISHER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/6/2012 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.			