

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Health Care Without Harm

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1623943**

**JOLIE ROSST
HEALTH CARE WITHOUT HARM
12355 SUNRISE VALLEY DR STE 680**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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RESTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12355 SUNRISE VALLEY DRIVE
STE 680

CITY/ST/ZIP: RESTON, VA 20191

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.

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|-----------------|-------------------------|---|--|
| NAME: | GARY COHEN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | P/EXEC DIRECTOR | | |
| ADDRESS: | 41 OAKVIEW TERRACE | | |
| CITY/ST/ZIP/CO: | JAMAICA PLAIN, MA 02130 | | |

| | | | |
|-----------------|-------------------|---|--|
| NAME: | BARBARA BLAKENEY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 21 ANDREA ROAD | | |
| CITY/ST/ZIP/CO: | WALTHAM, MA 02453 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | JEFFREY HOLLENDER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 212 BATTERY STREET | | |
| CITY/ST/ZIP/CO: | BURLINGTON, VT 05401 | | |

| | | | |
|-----------------|-------------------------|---|--|
| NAME: | CHARLOTTE BRODY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIR | | |
| ADDRESS: | 10937 HOWARDSVILLE LANE | | |
| CITY/ST/ZIP/CO: | ESMONT, VA 22937 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | KATHY GERWIG | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | ONE KAISER PLAZA 21B | | |
| CITY/ST/ZIP/CO: | OAKLAND, CA 94612 | | |

| | | | |
|-----------------|-------------------|----------------------------------|--|
| NAME: | John Strong | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 846 Tarrant Drive | | |
| CITY/ST/ZIP/CO: | Fontana, WI 53125 | | |

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|--|---|-------------------|
| NAME: Shikha Anand TITLE: DIRECTOR ADDRESS: 30 Winter Street 6th Floor CITY/ST/ZIP/CO: Boston, MA 02108 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Amy Fox TITLE: DIRECTOR ADDRESS: 177 Worcester Street Suite 202 CITY/ST/ZIP/CO: Wellesley Hills, MA 02481 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Susan Vickers TITLE: DIRECTOR ADDRESS: 185 Berry Street Suite 300 CITY/ST/ZIP/CO: San Francisco, CA 94107 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: Aparna Bole TITLE: DIRECTOR ADDRESS: P.O. Box 5516 CITY/ST/ZIP/CO: Cleveland, OH 44101 | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR | |
| NAME: John Cleveland TITLE: DIRECTOR ADDRESS: 156 Grover Lane CITY/ST/ZIP/CO: Tamworth, NH 03886 | <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/ GARY COHEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | GARY COHEN, P/EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE | 4/30/2014 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. | | |