

1.) CORPORATION NAME:

National Rehab Equipment, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1743303**

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
PREFA	4,000
COMMON	40,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 540 LINDBERGH DR

CITY/ST/ZIP: MOON TOWNSHIP, PA 15108-

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: HEATHER EDMUNDS
TITLE: PRESIDENT
ADDRESS: 541 LINDBERGH DR
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108-

OFFICER

DIRECTOR

NAME: PAUL CHAPMAN
TITLE: CEO
ADDRESS: 540 LINDBERGH DR
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108-

OFFICER

DIRECTOR

NAME: JOHN BLOOD
TITLE: CFO
ADDRESS: 540 LINDBERGH DR
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15118-

OFFICER

DIRECTOR

NAME: DAMON BALL
TITLE: DIRECTOR
ADDRESS: 55 E 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10055-

OFFICER

DIRECTOR

NAME: JOHN COZZI
TITLE: DIRECTOR
ADDRESS: 55 E 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10055-

OFFICER

DIRECTOR

NAME: ZUBEEN SHROFF TITLE: DIRECTOR ADDRESS: 680 WASHINGTON BOULEVARD 11TH FLOOR CITY/ST/ZIP/CO: STAMFORD, CT 06901-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NICHOLAS COLUCCI TITLE: DIRECTOR ADDRESS: 1675 BROADWAY CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TIM WIEBE TITLE: DIRECTOR ADDRESS: 540 LINDBERGH DRIVE CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LARRY KUNDER TITLE: DIRECTOR ADDRESS: 540 LINDBERGH DRIVE CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108-	<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.		
<u>/s/ JOHN BLOOD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN BLOOD, CFO</u> PRINTED NAME AND CORPORATE TITLE	<u>3/22/2011</u> 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.		