

| | | |
|------------------|---|-----------|
| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216500447 |
|------------------|---|-----------|

| 1.) CORPORATION NAME: QLT Consumer Lease Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NJ | DUE DATE: 1/31/2016 SCC ID NO: F1777467 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMV</td> <td>100,000</td> </tr> <tr> <td>COMNV</td> <td>100,000</td> </tr> </tbody> </table> | CLASS | AUTHORIZED | COMV | 100,000 | COMNV | 100,000 |
|--|--|-------|------------|------|---------|-------|---------|
| CLASS | AUTHORIZED | | | | | | |
| COMV | 100,000 | | | | | | |
| COMNV | 100,000 | | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 WING DR, STE 100

CITY/ST/ZIP: CEDAR KNOLLS, NJ 07929

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.

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KATHY MATLESKY | | |
| TITLE: PRESIDENT/CEO | | |
| ADDRESS: 3 WING DR, STE 100 | | |
| CITY/ST/ZIP/CO: CEDAR KNOLLS, NJ 07929 | | |

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WARREN BROOKS | | |
| TITLE: VICE PRESIDENT | | |
| ADDRESS: 3 WING DR, STE 100 | | |
| CITY/ST/ZIP/CO: CEDAR KNOLLS, NJ 07929 | | |

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROCHELLE CATTAN | | |
| TITLE: VICE PRESIDENT | | |
| ADDRESS: 3 WING DR, STE 100 | | |
| CITY/ST/ZIP/CO: CEDAR KNOLLS, NJ 07929 | | |

| | | |
|--|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KATHY LOU LEONE | | |
| TITLE: SECRETARY/VP | | |
| ADDRESS: 3 WING DR, STE 100 | | |
| CITY/ST/ZIP/CO: CEDAR KNOLLS, NJ 07929 | | |

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/ KATHY MATLESKY | KATHY MATLESKY, PRESIDENT/CEO | 12/3/2015 |
| 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.