

1.) CORPORATION NAME: **COOKIES FOR KIDS CANCER A NJ NONPROFIT CORPORATION** DUE DATE: **12/31/2012**
 SCC ID NO: **F1810391**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **NORTHWEST REGISTERED AGENT LLC
 4445 CORPORATION LN STE 264
 VIRGINIA BEACH, VA 23462** 5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
NJ

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 31 HOFFMANS CROSSING ROAD
 CITY/ST/ZIP: CALIFON, NJ 07830

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: LARRY S WITT TITLE: TRUSTEE, PRES ADDRESS: 31 HOFFMANS CROSSING ROAD CITY/ST/ZIP/CO: CALIFON, NJ 07830	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GRETCHEN WITT TITLE: VICE PRESIDENT ADDRESS: 31 HOFFMANS CROSSING ROAD CITY/ST/ZIP/CO: CALIFON, NJ 07830	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN K BARTOSZ TITLE: ASST SECRETARY ADDRESS: 709 MILWAUKEE STREET SUITE A DELAFIELD, WI 53018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DON HUTCHINSON TITLE: TREASURER ADDRESS: 7802 MEADOWBROOK DRIVE INDIANAPOLIS, IN 46240	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM WILLIAMS TITLE: Trustee ADDRESS: 18234 Cypress Point Terrace LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARC HAZEL TITLE: Trustee ADDRESS: 96 SWAMPSCOTT ROAD UNIT 1 SALEM, MA 01970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: COLBERT CANNON TITLE: Trustee ADDRESS: 5 EAST 17TH STREET, FLOOR 3 CITY/ST/ZIP/CO: New York, NY 10003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: EMILY FOWLER TITLE: SECRETARY ADDRESS: 18918 SERENITY POINT LANE CITY/ST/ZIP/CO: CORNELIUS, NC 28031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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 K BARTOSZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN K BARTOSZ, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/25/2013 DATE
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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.