

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRUSTEE, PRES		
ADDRESS:	31 HOFFMANS CROSSING ROAD		
CITY/ST/ZIP/CO:	CALIFON, NJ 07830		

NAME:	GRETCHEN WITT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	31 HOFFMANS CROSSING ROAD		
CITY/ST/ZIP/CO:	CALIFON, NJ 07830		

NAME:	DON HUTCHINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	7802 MEADOWBROOK DRIVE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46240		

NAME:	JOHN K BARTOSZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	709 MILWAUKEE STREET SUITE A		
CITY/ST/ZIP/CO:	DELAFIELD, WI 53018		

NAME:	EMILY FOWLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	18918 SERENITY POINT LANE		
CITY/ST/ZIP/CO:	CORNELIUS, NC 28031		

NAME:	COLBERT CANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5 EAST 17TH STREET, FLOOR 3		
CITY/ST/ZIP/CO:	NEW YORK, NY 10003		

NAME: MARC HAZEL TITLE: DIRECTOR ADDRESS: 96 SWAMPSCOTT ROAD UNIT 1 CITY/ST/ZIP/CO: SALEM, MA 01970	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM WILLIAMS TITLE: DIRECTOR ADDRESS: 18234 CYPRESS POINT TERRACE CITY/ST/ZIP/CO: LEESBURG, VA 20176	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Kate Bullinger TITLE: DIRECTOR ADDRESS: 60 Gramercy Park North, Apt. 10M CITY/ST/ZIP/CO: New York, NY 10010	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Hornby TITLE: DIRECTOR ADDRESS: 14 Colonial Court CITY/ST/ZIP/CO: Lebanon, NJ 08833	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Matt Mallgrave TITLE: DIRECTOR ADDRESS: 41 Rowan Rd. CITY/ST/ZIP/CO: Summit, NJ 07901	<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 K BARTOSZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN K BARTOSZ, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
3/1/2013 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.	