

1.) CORPORATION NAME:

THE COMPASSIONATE CARE HOSPICE FOUNDATION, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
ROZIE ZAPPO
4425 PORTSMOUTH BLVD STE 110
CHESAPEAKE, VA 23321**

DUE DATE: **1/21/2011**

SCC ID NO: **F1828476**

5.) STOCK INFORMATION

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

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11 INDEPENDENCE WAY

CITY/ST/ZIP: NEWARK, DE 19713-

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: THOMAS J HORNUNG
TITLE: PRESIDENT
ADDRESS: 900 PHILADELPHIA PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19809-

OFFICER

DIRECTOR

NAME: ROZIE ZAPPO
TITLE: DIRECTOR
ADDRESS: 11 INDEPENDENCE WAY
CITY/ST/ZIP/CO: NEWARK, DE 19713-

OFFICER

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/ ROZIE ZAPPO

ROZIE ZAPPO, DIRECTOR

1/21/2011

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.