

1.) CORPORATION NAME: THE COMPASSIONATE CARE HOSPICE FOUNDATION, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROZIE ZAPPO 4425 PORTSMOUTH BLVD STE 110 CHESAPEAKE, VA	DUE DATE: 6/30/2014 SCC ID NO: F1828476 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESAPEAKE CITY			
4.) STATE OR COUNTRY OF INCORPORATION: DE			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 248 E. Chestnut Hill Rd. - Suite 4 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: JUDITH GREY TITLE: PRESIDENT ADDRESS: 200 LANIDEX PLAZA SUITE 2101 CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: ROZIE ZAPPO TITLE: DIRECTOR ADDRESS: 11 INDEPENDENCE WAY CITY/ST/ZIP/CO: NEWARK, DE 19713	<input type="checkbox"/> OFFICER <input checked="" 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/ JUDITH GREY	JUDITH GREY, PRESIDENT	4/30/2014
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.