

1.) CORPORATION NAME:

ACP Medical Supply Corporation

DUE DATE: **1/31/2012**

SCC ID NO: **F1849035**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER

16TH FLOOR, 1111 EAST MAIN STREET

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000,000 |

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10910 DOMAIN DRIVE
SUITE 300

CITY/ST/ZIP: AUSTIN, TX 78758-

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: ZLATKO L HODIN
TITLE: PRESIDENT
ADDRESS: 4850 JOULE STREET
SUITE A-1
CITY/ST/ZIP/CO: RENO, NV 89502-

OFFICER

DIRECTOR

NAME: THOMAS F KIRK
TITLE: PRESIDENT
ADDRESS: 10910 DOMAIN DRIVE
SUITE 300
CITY/ST/ZIP/CO: AUSTIN, TX 78758-

OFFICER

DIRECTOR

NAME: GEORGE E MCHENRY
TITLE: SECRETARY
ADDRESS: 10910 DOMAIN DRIVE
SUITE 300
CITY/ST/ZIP/CO: AUSTIN, TX 78758-

OFFICER

DIRECTOR

NAME: LOUIS J MESTIER
TITLE: ASST SECRETARY
ADDRESS: 10910 DOMAIN DRIVE
SUITE 300
CITY/ST/ZIP/CO: AUSTIN, TX 78758-

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.

| | | |
|--|---|---------------------------|
| <u>/s/ LOUIS J MESTIER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>LOUIS J MESTIER, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE | <u>11/29/2011</u> 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.