

1.) CORPORATION NAME:

WORLDWIDE CLINICAL TRIALS HOLDINGS, INC.

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1887985**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 NORTH MAPLE DRIVE

CITY/ST/ZIP: BEVERLY HILLS, CA 90210

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:	NEAL R. CUTLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	401 N. MAPLE DRIVE		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	MICHAEL R. DENVIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASSIST SEC		
ADDRESS:	401 N. MAPLE DRIVE		
CITY/ST/ZIP/CO:	BEVERLY_HILLS, CA 90210		

NAME:	SAMUEL C SIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP FINANCE		
ADDRESS:	401 N. MAPLE DR.		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	THOMAS S. WARDLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO/VP		
ADDRESS:	401 N. MAPLE DRIVE		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	DAVID M. BUTLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/SEC		
ADDRESS:	401 N. MAPLE DRIVE		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME:	DONALD L OROS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	401 N. MAPLE DR.		
CITY/ST/ZIP/CO:	BEVERLY HILLS, CA 90210		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELICO CARTA ASST SECRETARY 401 N. MAPLE DR. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN L RIST ASST SECRETARY 401 N. MAPLE DR. BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVERETT TRUITT CFO 401 N. MAPLE DRIVE BEVERLY HILLS, CA 90210	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W JORDAN II DIRECTOR 401 N. MAPLE DR. BEVERLY HILLS, CA 90210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH C LINNEN DIRECTOR 401 N. MAPLE DR BEVERLY HILLS, CA 90210	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS H QUINN DIRECTOR 401 N. MAPLE DR BEVERLY HILLS, CA 90210	<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/ NEAL R. CUTLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEAL R. CUTLER, PRES/CEO PRINTED NAME AND CORPORATE TITLE	3/3/2015 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.			