

1.) CORPORATION NAME: Humedica, Inc.	DUE DATE: 12/31/2013								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1915943								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>73,141,849</td> </tr> <tr> <td>CONVPA</td> <td>7,000,000</td> </tr> <tr> <td>CONVP</td> <td>30,050,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	73,141,849	CONVPA	7,000,000	CONVP	30,050,000
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COMMON	73,141,849								
CONVPA	7,000,000								
CONVP	30,050,000								
4.) STATE OR COUNTRY OF INCORPORATION: DE									

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1380 Soldiers Field Road

CITY/ST/ZIP: Boston, MA 02135

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: MICHAEL WEINTRAUB TITLE: CEO ADDRESS: 1380 SOLDIERS FIELD RD CITY/ST/ZIP/CO: BOSTON, MA 02135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: WILLIAM ROMEO TITLE: CFO ADDRESS: 1380 SOLDIERS FIELD RD CITY/ST/ZIP/CO: BOSTON, MA 02135	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: William J. Miller TITLE: PRESIDENT ADDRESS: 13625 Technology Drive CITY/ST/ZIP/CO: Eden Prairie, MN 55344	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Brigid Mahoney Spicola TITLE: ASST SECRETARY ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: Robert Worth Oberrender TITLE: TREASURER ADDRESS: 9900 Bren Road East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input 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/ Brigid Mahoney Spicola	Brigid Mahoney Spicola, ASST SECRETARY	11/13/2013
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.