

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214527251

1.) CORPORATION NAME:

**Gamma Medica, Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1926262**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100        |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12 MANOR PARKWAY  
UNIT 3

CITY/ST/ZIP: SALEM, NH 91324

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.

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
|                 |                            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JAMES CALANDRA             |   |  |
| TITLE:          | PRESIDENT                  |   |  |
| ADDRESS:        | 12 MANOR PARKWAY<br>UNIT 3 |   |  |
| CITY/ST/ZIP/CO: | SALEM, NH 03079            |   |  |

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
|                 |                            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | AL WAXMAN                  |   |  |
| TITLE:          | PRESIDENT                  |   |  |
| ADDRESS:        | 140 BROADWAY<br>51ST FLOOR |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005         |   |  |

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
|                 |                            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | DAVID A EICHLER            |   |  |
| TITLE:          | CHAIRMAN                   |   |  |
| ADDRESS:        | 140 BROADWAY<br>51ST FLOOR |   |  |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005         |   |  |

|                 |                            |   |                                   |
|-----------------|----------------------------|---|-----------------------------------|
|                 |                            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | CHRISTOPHER FERRARA        |   |                                   |
| TITLE:          | CFO/CCO                    |   |                                   |
| ADDRESS:        | 12 MANOR PARKWAY<br>UNIT 3 |   |                                   |
| CITY/ST/ZIP/CO: | SALEM, NH 03079            |   |                                   |

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/ JAMES CALANDRA                                  | JAMES CALANDRA, PRESIDENT        | 5/28/2014 |
| 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.