

1.) CORPORATION NAME:

MEDICAL DEVICE TECHNOLOGIES, INC.

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA**

SCC ID NO: **F1929316**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 272 EAST DEERPATH
SUITE 212

CITY/ST/ZIP: LAKE FOREST, IL 60045

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:	MICHAEL J HUDSON	
TITLE:	PRESIDENT	
ADDRESS:	272 E DEERPATH SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD C ADLOFF	
TITLE:	VICE PRESIDENT	
ADDRESS:	272 E DEERPATH SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SHARON MCNALLY	
TITLE:	VP FINANCE	
ADDRESS:	272 E DEERPATH SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM L. FEATHER	
TITLE:	SECRETARY	
ADDRESS:	272 EAST DEERPATH, SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH F DAMICO	
TITLE:	DIRECTOR	
ADDRESS:	272 E DEERPATH SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LEONARD G. KUHR	
TITLE:	DIRECTOR	
ADDRESS:	272 EAST DEERPATH, SUITE 212 LAKE FOREST, IL 60045	
CITY/ST/ZIP/CO:		

NAME: JACK MCGINLEY TITLE: DIRECTOR ADDRESS: 272 EAST DEERPATH, SUITE 212 CITY/ST/ZIP/CO: LAKE FOREST, IL 60045	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROGER SISTERMAN TITLE: DIRECTOR ADDRESS: 272 EAST DEERPATH, SUITE 212 CITY/ST/ZIP/CO: LAKE FOREST, IL 60045	<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/ SHARON MCNALLY	SHARON MCNALLY, VP FINANCE	5/27/2016
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.