

1.) CORPORATION NAME:

Home Health Connection, Inc.

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**COMMERCIAL REGISTERED AGENT LLC
4445 CORPORATION LANE
VIRGINIA BEACH, VA**

SCC ID NO: **F1992447**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4340 EAST WEST HIGHWAY STE 1150

CITY/ST/ZIP: BETHESDA, MD 20814

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:	GEORGE CHAVEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	OLIVIER PIOROT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	ROBERT A STERN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		
NAME:	SCOTT BROOKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	10 EARHART DR		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, NY 14221		
NAME:	MARC BLASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	9801 WASHINGTONIAN BLV GAITHERSBURG, MD 20878		
NAME:	SCOTT ROBINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9801 WASHINGTONIAN BLVD		
CITY/ST/ZIP/CO:	GAITHERSBURG, MD 20878		

NAME: SIAN HERBERT-JONES TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SYLVIA METAYER TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAMIAN VERDIER TITLE: DIRECTOR ADDRESS: 9801 WASHINGTONIAN BLVD CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878	<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/ SHAHIN D MAFI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHAHIN D MAFI, CEO PRINTED NAME AND CORPORATE TITLE	4/28/2016 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.		