

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006912

FILED
Apr 26, 2010
Secretary of State

Entity Name: SUNRISE SENIOR LIVING HOME CARE, INC.

Current Principal Place of Business:

7902 WESTPARK DRIVE
MCLEAN, VA 22102

New Principal Place of Business:

7900 WESTPARK DR.
STE. T900
MCLEAN, VA 22102

Current Mailing Address:

7902 WESTPARK DRIVE
ATTN: LEGAL DEPT
MCLEAN, VA 22102

New Mailing Address:

7900 WESTPARK DR., STE. T900
ATTN: LEGAL DEPT
MCLEAN, VA 22102

FEI Number: 20-4350141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D
Name: JEANNEAULT, RON
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/D
Name: MCDUFFIE, LAURA
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/T
Name: PANGELINAN, JULIE
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/S
Name: HADDOCK, DAVID
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID HADDOCK

VP/S

04/26/2010

Electronic Signature of Signing Officer or Director

Date