

1.) CORPORATION NAME:

Pheo Alliance

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

FLETCHER HEALD & HILDRETH PLC

1300 N 17TH ST 11TH FL

ARLINGTON, VA 22209

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **11/30/2011**

SCC ID NO: **06863781**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 NORTH 17TH STREET
11TH FLOOR

CITY/ST/ZIP: ARLINGTON, VA 22209-

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:	GISELA HUBERMAN			
TITLE:	DIRECTOR			
ADDRESS:	5012 FISHER ISLAND DR			
CITY/ST/ZIP/CO:	FISHER ISLAND, FL 33109-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	TIMOTHY ROTHWELL			
TITLE:	DIR			
ADDRESS:	207 SANDY RIDGE MT AIRY RD			
CITY/ST/ZIP/CO:	STOCKTON, NJ 08559-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WAYNE ZANDBERGEN			
TITLE:	DIRECTOR			
ADDRESS:	1950 N CALVERT ST #302			
CITY/ST/ZIP/CO:	ARLINGTON, VA 22201-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	EMILY COLLINS			
TITLE:	DIRECTOR			
ADDRESS:	6111 WESTERN AVE NW			
CITY/ST/ZIP/CO:	WASHINGTON, DC 20015-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	EDWARD J KAUFFMAN			
TITLE:	DIRECTOR			
ADDRESS:	20113 BUTTERMERE CT			
CITY/ST/ZIP/CO:	ESTERO, FL 33928-			

NAME: SHEILA BUCHBINDER TITLE: DIRECTOR ADDRESS: 205 SANDY RIDGE MT AIRY RD CITY/ST/ZIP/CO: STOCKTON, NJ 08559-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHIRLEY KULLEN TITLE: DIRECTOR ADDRESS: 5610 WISCONSIN AVENUE CITY/ST/ZIP/CO: CHEVY CHASE, MD 20016-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAN WECHSLER TITLE: DIRECTOR ADDRESS: 54 PLAINFIELD ROAD CITY/ST/ZIP/CO: STIRLING, NJ 07980-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ALLEN WILSON TITLE: DIRECTOR ADDRESS: 65 RUGBY ROAD CITY/ST/ZIP/CO: BELFAST, ANTRIM BT7 1PT-, UNITED KINGDOM (GREAT BRITAIN)	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RICK KEEFER TITLE: DIRECTOR ADDRESS: 6069 ATKINSON ROAD CITY/ST/ZIP/CO: NEW HOPE, VA -	<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/ WAYNE ZANDBERGEN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WAYNE ZANDBERGEN, DIRECTOR _____ PRINTED NAME AND CORPORATE TITLE
11/30/2011 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.	