

1.) CORPORATION NAME:

**Harkcon, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**KEVIN HARKINS  
43 TOWN & COUNTRY DR STE 119-311  
FREDERICKSBURG, VA 22405**

SCC ID NO: **07151228**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	80,000
COMBNV	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FREDERICKSBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 43 Town & Country Drive  
Suite 119-311

CITY/ST/ZIP: Fredericksburg, VA 22405

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:	KEVIN HARKINS	
TITLE:	PRESIDENT	
ADDRESS:	1528 BROOKHAVEN DR	
CITY/ST/ZIP/CO:	MCLEAN, VA 22101	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KEITH CURRAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	5230 TUCKERMAN LANE #804	
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK FALLER	
TITLE:	VICE PRESIDENT	
ADDRESS:	43 RIDGE POINTE LN.	
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22405	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD HARKINS	
TITLE:	VICE PRESIDENT	
ADDRESS:	9 SHEPHERDS PLACE	
CITY/ST/ZIP/CO:	MONTEREY, CA 93940	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KYLE MOORE	
TITLE:	VICE PRESIDENT	
ADDRESS:	321 DOW ROAD	
CITY/ST/ZIP/CO:	PLAINFIELD, CT 06374	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES SWEET	
TITLE:	VICE PRESIDENT	
ADDRESS:	12 MAID MARION DR.	
CITY/ST/ZIP/CO:	GALES FERRY, CT 06335	

NAME: Richard Arnold TITLE: VICE PRESIDENT ADDRESS: 11304 Megan Drive CITY/ST/ZIP/CO: Fairfax, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Laurie Mosier TITLE: VICE PRESIDENT ADDRESS: 42546 Longacre Dr CITY/ST/ZIP/CO: South Riding, VA 20152	<input checked="" 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/ MARK FALLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK FALLER, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/20/2012 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.		