

1.) CORPORATION NAME:

Harkcon, Inc.

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	KYLE MOORE	
TITLE:	PRESIDENT	
ADDRESS:	321 DOW ROAD	
CITY/ST/ZIP/CO:	PLAINFIELD, CT 06374	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	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:	LAURIE MOSIER	
TITLE:	VICE PRESIDENT	
ADDRESS:	42546 LONGACRE DR	
CITY/ST/ZIP/CO:	SOUTH RIDING, VA 20152	

NAME: JAMES SWEET TITLE: VICE PRESIDENT ADDRESS: 12 MAID MARION DR. CITY/ST/ZIP/CO: GALES FERRY, CT 06335	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEVIN HARKINS TITLE: CEO ADDRESS: 1528 BROOKHAVEN DR CITY/ST/ZIP/CO: MCLEAN, VA 22101	<input checked="" 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/ MARK FALLER	MARK FALLER, VICE PRESIDENT	12/8/2014
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.