

1.) CORPORATION NAME: Pareto Operations Incorporated	DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: GREGORY AYERS WISE 9404 CORAL LANE ALEXANDRIA, VA	SCC ID NO: 07458193				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED				
COMMON	20,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 9404 CORAL LANE CITY/ST/ZIP: ALEXANDRIA, VA 22309	
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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: GREGORY AYERS WISE TITLE: PRESIDENT ADDRESS: 9404 CORAL LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SARAH LINDSAY WISE TITLE: DIRECTOR ADDRESS: 9404 CORAL LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GREGORY AYERS WISE TITLE: DIRECTOR ADDRESS: 9404 CORAL LANE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22309	<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/ GREGORY AYERS WISE	GREGORY AYERS WISE, PRESIDENT	1/3/2015
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.