

1.) CORPORATION NAME:

Paris-Kirwan Associates, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1527599**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	20,000
COMBNV	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1040 UNIVERSITY AVENUE

CITY/ST/ZIP: ROCHESTER, NY 14607

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.

<p>NAME: LAWRENCE STANNEY TITLE: PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN J CURLEY TITLE: VICE PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEROME A DOBERSTEIN JR TITLE: VICE PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES J FAY TITLE: VICE PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANGELO J LOVULLO TITLE: VICE PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LOUIS E PLENINGER III TITLE: VICE PRESIDENT ADDRESS: 1040 UNIVERSITY AVENUE CITY/ST/ZIP/CO: ROCHESTER, NY 14607</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN W SMAGALA VICE PRESIDENT 1040 UNIVERSITY AVENUE ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J TRONOLONE VICE PRESIDENT 14607 ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input 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/ LAWRENCE STANNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAWRENCE STANNEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/29/2012 DATE
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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.