

1.) CORPORATION NAME:

Xanitos, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **6/30/2012**

SCC ID NO: **F1827593**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	6,000,000
PREFC	275,000
PREFA	325,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3809 W. CHESTER PIKE
STE 210

CITY/ST/ZIP: NEWTOWN SQUARE, PA 19073

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:	MICHAEL BAILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT /COO		
ADDRESS:	3809 WEST CHESTER PIKE		
	SUITE 210		
CITY/ST/ZIP/CO:	NEWTOWN SQUARE, PA 19073		

NAME:	ROBERT DRURY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREAS/SECR		
ADDRESS:	3809 WEST CHESTER PIKE SUITE 130		
	SUITE 210		
CITY/ST/ZIP/CO:	NEWTOWN SQUARE, PA 19073		

NAME:	GRAEME A CROTHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO / CHAIRMAN		
ADDRESS:	3809 WEST CHESTER PIKE SUITE 130		
	SUITE 210		
CITY/ST/ZIP/CO:	NEWTOWN SQUARE, PA 19073		

NAME:	JOSEPH BYRUM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 LEROY STEVENS ROAD		
CITY/ST/ZIP/CO:	MOBILE, AL 36695		

NAME:	KATHERINE D CROTHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 LAFAYETTE ROAD		
CITY/ST/ZIP/CO:	GLADWYNE, PA 19035		

NAME: BILL GRAHAM TITLE: DIRECTOR ADDRESS: ONE PENN SQUARE WEST CITY/ST/ZIP/CO: PHILADELPHIA, PA 19102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRIS GRANT TITLE: DIRECTOR ADDRESS: ONE KAIZER PLAZA CITY/ST/ZIP/CO: 22ND FLOOR OAKLAND, CA 94612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS MORSE TITLE: DIRECTOR ADDRESS: 2001 MARKET STREET CITY/ST/ZIP/CO: SUITE 3820 PHILADELPHIA, PA 19103	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY ROTH TITLE: CONTROLLER ADDRESS: 3809 WEST CHESTER PIKE CITY/ST/ZIP/CO: SUITE 210 NEWTOWN SQUARE, PA 19073	<input checked="" type="checkbox"/> OFFICER <input 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/ JEFFREY ROTH	JEFFREY ROTH, CONTROLLER	6/26/2012
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.		