

1.) CORPORATION NAME:

**TELLUS BROKERAGE CONNECTIONS, 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: **F1877085**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4135 N. Front Street

CITY/ST/ZIP: Harrisburg, PA 17110

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: Brian Winikoff TITLE: PRESIDENT ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Christie Corado TITLE: SECRETARY ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Michael Galvin TITLE: TREASURER ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Rob Carney TITLE: EVP ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Andrea Lynn Holder TITLE: DIRECTOR ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: David M. Pruett TITLE: DIRECTOR ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: John Howard TITLE: VICE CHAIRMAN ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: H. Wade Reece TITLE: CHAIRMAN ADDRESS: 4135 N. Front Street CITY/ST/ZIP/CO: Harrisburg, PA 17110	<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/ Brian Winikoff	Brian Winikoff, PRESIDENT	9/12/2012
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.