

1.) CORPORATION NAME:

PHAROS SYSTEMS INTERNATIONAL, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1878406**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 LINDEN OAKS STE 310

CITY/ST/ZIP: ROCHESTER, NY 14625

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: KEITH NICKOLOFF TITLE: PRESIDENT ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KEVIN PICKHARDT TITLE: CEO ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LEANNE M HICKS TITLE: CFO ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VITO MANONE TITLE: DIRECTOR ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY WEISS TITLE: DIRECTOR ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KEVIN PICKHARDT TITLE: SECRETARY ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN PAGANELLI TITLE: CHAIRMAN ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEOFFREY H. SHAW TITLE: CIO ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL J. REDDY TITLE: CTO ADDRESS: 80 LINDEN OAKS STE 310 CITY/ST/ZIP/CO: ROCHESTER, NY 14625	<input checked="" 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/ KEVIN PICKHARDT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN PICKHARDT, CEO PRINTED NAME AND CORPORATE TITLE	10/18/2012 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.		