

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214550900

1.) CORPORATION NAME:

**PHAROS SYSTEMS INTERNATIONAL, INC.**

DUE DATE: **11/30/2014**

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**

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  
SUITE 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.

NAME:	KEITH NICKOLOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	80 LINDEN OAKS		
	SUITE 310		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		

NAME:	JOHN PAGANELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	80 LINDEN OAKS		
	SUITE 310		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		

NAME:	KEVIN PICKHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	80 LINDEN OAKS		
	STE 310		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		

NAME:	KEVIN PICKHARDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	80 LINDEN OAKS		
	SUITE 310		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		

NAME:	PAUL J. REDDY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CTO		
ADDRESS:	80 LINDEN OAKS		
	SUITE 310		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEOFFREY H. SHAW CIO 80 LINDEN OAKS SUITE 310 ROCHESTER, NY 14625	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEANNE M HICKS CFO 80 LINDEN OAKS SUITE 310 ROCHESTER, NY 14625	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VITO MANONE DIRECTOR 80 LINDEN OAKS SUITE 310 ROCHESTER, NY 14625	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY WEISS DIRECTOR 80 LINDEN OAKS SUITE 310 ROCHESTER, NY 14625	<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/ KEVIN PICKHARDT	KEVIN PICKHARDT, CEO	11/24/2014	
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.			