

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213557602

1.) CORPORATION NAME:

Allied T PRO Nevada, Inc.

DUE DATE: **11/27/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1946468**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 Seventh Avenue
9th Floor

CITY/ST/ZIP: New York, NY 10018

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: Jane Rossmango OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: AlliedTPro
 CITY/ST/ZIP/CO: 500 Seventh Ave - 9th FL
 New York, NY 10018

NAME: Peter Meier OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: AlliedTPro
 CITY/ST/ZIP/CO: 500 Seventh Ave. - 9th FL
 New York, NY 10018

NAME: Stefan Leser OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: AlliedTPro
 CITY/ST/ZIP/CO: 500 Seventh Ave - 9th FL
 New York, NY 10018

NAME: Yasser Noman OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: AlliedTPro
 CITY/ST/ZIP/CO: 500 Seventh Ave - 9th FL
 New York, NY 10018

NAME: Mark Morello OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: AlliedTPro
 CITY/ST/ZIP/CO: 500 Seventh Ave - 9th FL
 New York, NY 10018

NAME: Mark Morello TITLE: PRESIDENT ADDRESS: AlliedTPro 500 Seventh Ave - 9th FL CITY/ST/ZIP/CO: New York, NY 10018	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Jane Rossmango TITLE: SR. Vice Presid ADDRESS: AlliedTPro 500 Seventh Ave. - 9th FL CITY/ST/ZIP/CO: New York, NY 10018	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mark Morello TITLE: TREASURER ADDRESS: AlliedTPro 500 Seventh Ave - 9th FL CITY/ST/ZIP/CO: New York, NY 10018	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Stephen G. Phillips TITLE: SECRETARY ADDRESS: AlliedTPro 500 Seventh Ave - 9th FL CITY/ST/ZIP/CO: New York, NY 10018	<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/ Stephen G. Phillips SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Stephen G. Phillips, PRINTED NAME AND CORPORATE TITLE	11/27/2013 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.		