

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216514692
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1.) CORPORATION NAME: Icaros, Inc.	DUE DATE: 4/30/2016								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VCORP AGENT SERVICES INC 250 BROWNS HILL COURT MIDLOTHIAN, VA	SCC ID NO: F1959651								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	5.) STOCK INFORMATION								
4.) STATE OR COUNTRY OF INCORPORATION: DE	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td style="text-align: right;">20,000,000</td> </tr> <tr> <td>PREFB</td> <td style="text-align: right;">79,812</td> </tr> <tr> <td>PREFC</td> <td style="text-align: right;">13,465,807</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	20,000,000	PREFB	79,812	PREFC	13,465,807
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COMMON	20,000,000								
PREFB	79,812								
PREFC	13,465,807								

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4100 MONUMENT CORNER DR STE 520

CITY/ST/ZIP: FAIRFAX, VA 22030

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOM BOSANKO		
TITLE: CEO		
ADDRESS: 4100 MONUMENT CORNER DR STE 520		
CITY/ST/ZIP/CO: FAIRFAX, VA 22030		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MOTTIE SHECHTER		
TITLE: CTO		
ADDRESS: 4100 MONUMENT ORNER DR STE 520		
CITY/ST/ZIP/CO: FAIRFAX, VA 22030		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT FRITZE		
TITLE: SECRE		
ADDRESS: 4100 MONUMENT CORNER DR STE 520		
CITY/ST/ZIP/CO: FAIRFAX, VA 22030		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MITCH LINDENFELDAR		
TITLE: CFO		
ADDRESS: 4100 MONUMENT CORNER DR STE 520		
CITY/ST/ZIP/CO: FAIRFAX, VA 22030		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DENDY YOUNG		
TITLE: COB		
ADDRESS: 4100 MONUMENT CORNER DR STE 520		
CITY/ST/ZIP/CO: FAIRFAX, VA 22030		

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/ TOM BOSANKO	TOM BOSANKO, CEO	4/20/2016
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.