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|---|---|
| 1.) CORPORATION NAME:<br><b>Kurdish Human Rights Watch, Inc.</b>  | DUE DATE: <b>7/31/2012</b>  |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>DR. GALAWEZ KARADAGHI<br/>10560 MAIN STREET, SUITE 207<br/>FAIRFAX, VA 22030</b> | SCC ID NO: <b>03783586</b>  |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>  | 5.) STOCK INFORMATION<br>CLASS <input type="text"/> AUTHORIZED <input type="text"/> |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |   |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10560 MAIN STREET  
SUITE 207

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.

|                                       |                                     |         |                                     |          |
|---------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: PARY KARADAGHI                  | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: EXEC DIR/P                     |                                     |         |                                     |          |
| ADDRESS: 10560 MAIN STREET, SUITE 207 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: FAIRFAX, VA 22030     |                                     |         |                                     |          |

|                                       |                                     |         |                                     |          |
|---------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: GALAWEZ KARADAGHI               | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT                 |                                     |         |                                     |          |
| ADDRESS: 10560 MAIN STREET, SUITE 207 |                                     |         |                                     |          |
| CITY/ST/ZIP/CO: FAIRFAX, VA 22030     |                                     |         |                                     |          |

|  |                          |         |                                     |          |
|--|--------------------------|---------|-------------------------------------|----------|
| NAME: REED BRODY                       | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                        |                          |         |                                     |          |
| ADDRESS: 1601 CONNECTICUT AVENUE, N.W. |                          |         |                                     |          |
| CITY/ST/ZIP/CO: WASHINGTON, DC 22209   |                          |         |                                     |          |

|                                     |                          |         |                                     |          |
|-------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: WALTER LANDRY                 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                     |                          |         |                                     |          |
| ADDRESS: 3835 N 9TH ST #201E N W    |                          |         |                                     |          |
| CITY/ST/ZIP/CO: ARLINGTON, VA 22030 |                          |         |                                     |          |

|                                      |                          |         |                                     |          |
|--------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: JACQUES WILSON                 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR                      |                          |         |                                     |          |
| ADDRESS: 10560 MAIN STREET, APT. 421 |                          |         |                                     |          |
| 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/ PARY KARADAGHI                                  | PARY KARADAGHI, EXEC DIR/P       | 11/19/2012 |
| 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.