

1.) CORPORATION NAME:

COPTIC ORPHANS SUPPORT ASSOCIATION

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NERMIEN N. RIAD
2579 HOLLY MANOR DR.
FALLS CHURCH, VA**

SCC ID NO: **03943412**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3040 WILLIAMS DRIVE

CITY/ST/ZIP: FAIRFAX, VA 22031

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:	NERMIEN RIAD	
TITLE:	P/T	
ADDRESS:	2579 HOLLY MANOR DR	
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW ABDALLA	
TITLE:	OFFICER	
ADDRESS:	5 HUDSON PLACE	
CITY/ST/ZIP/CO:	ROWVILLE, , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ASH ROFAIL	
TITLE:	OFFICER	
ADDRESS:	12508 ARNSLEY CT.	
CITY/ST/ZIP/CO:	OAK HILL, VA 22102	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RAOUF YOUSSEF	
TITLE:	OFFICER	
ADDRESS:	8702 ESQUIRE CROSSING LANE	
CITY/ST/ZIP/CO:	VIENNA, VA 22180	

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/ NERMIEN RIAD	NERMIEN RIAD, P/T	6/23/2015
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.