

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

**DARUL HUDA CORP.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **04093449**

**CHOUDARY ANWARKHAN  
6666 COMMERCE STREET  
SPRINGFIELD, VA**

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: 6666 COMMERCE ST

CITY/ST/ZIP: SPRINGFIELD, VA 22150

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:	CHOUDARY ANWARKHAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7359 RISE GARDEN CT		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22153		
NAME:	BASHARAT ALI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6310 WILLOWOOD LANE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	ABDUL MATIN NOUMANI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	6120 93RD AVE		
CITY/ST/ZIP/CO:	LANHAM, MD 20706		
NAME:	JAHANGIR PERVEZ RAJA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRSDNT/FINC DIR		
ADDRESS:	6738 METROPOLITAN CENTER DR # 104		
CITY/ST/ZIP/CO:	SPRINGFIELD, VA 22150		
NAME:	ASIF REHMATULLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6501 BURKE WOODS DR		
CITY/ST/ZIP/CO:	BURK, VA 22015		
NAME:	SAMINA REHMATULLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6501 BURKWOOD DR		
CITY/ST/ZIP/CO:	BURK, VA 22015		

NAME: ABDUL WALI TITLE: DIRECTOR ADDRESS: 7360 ROSE GARDEN CT CITY/ST/ZIP/CO: SPRINGFIELD, VA 22153	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHAHID GIL TITLE: DIRECTOR ADDRESS: 4232 MARKHAM STREET CITY/ST/ZIP/CO: ANNANDALE , VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KHALID SHAFI TITLE: DIRECTOR ADDRESS: 6613 STAGECOACH STREET CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150	<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/ CHOUDARY ANWARKHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHOUDARY ANWARKHAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/29/2014 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.		