

1.) CORPORATION NAME: THE HERITAGE EDUCATION TRUST, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MOHAMMED A JAGHLIT 45150 RUSSELL BRANCH PKWY STE 303 ASHBURN, VA 20147	DUE DATE: 10/31/2012 SCC ID NO: 04545000 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUDOUN COUNTY			
4.) STATE OR COUNTRY OF INCORPORATION: VA			

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 45150 RUSSELL BRANCH PARKWAY STE 304 CITY/ST/ZIP: ASHBURN, VA 20147

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.
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NAME: DR. TAHA J AL-ALWANI TITLE: PRES/CHRMN ADDRESS: 45150 RUSSELL BRANCH PKWY STE 304 CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DR. MOHAMMED A JAGHLIT TITLE: S/T ADDRESS: 45150 RUSSELL BRANCH PKWY STE 304 CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: AHMED ALWANI TITLE: DIRECTOR ADDRESS: 45150 RUSSELL BRANCH PKWY STE 304 CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DR. TAHA J AL-ALWANI	DR. TAHA J AL-ALWANI, PRES/CHRMN	11/14/2012
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.