

1.) CORPORATION NAME: YORK FOUNDATION	DUE DATE: 10/31/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: M YAQUB MIRZA 459 HERNDON PKWY, SUITE 22 HERNDON, VA 20170	SCC ID NO: 05101027
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 459 HERNDON PKWY
STE 22

CITY/ST/ZIP: HERNDON, VA 20170-6222

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: DR. M YAQUB MIRZA	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: P/T/D				
ADDRESS: 459 HERNDON PKWY STE 22 HERNDON, VA 20170-6222				
CITY/ST/ZIP/CO:				

NAME: MR. MUHAMMAD ASHRAF	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 459 HERNDON PKWY STE 22 HERNDON, VA 20170-6222				
CITY/ST/ZIP/CO:				

NAME: DR ABUDLHAMID ABUSULAYMAN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: C/D				
ADDRESS: 459 HERNDON PKWY STE 22 HERNDON, VA 20170-6222				
CITY/ST/ZIP/CO:				

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. M YAQUB MIRZA	DR. M YAQUB MIRZA, P/T/D	8/15/2012
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.