

1.) CORPORATION NAME:

**MUSLIM EDUCATION RESOURCE COUNCIL, INC.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SMEENA KHAN  
12300 PINECREST RD  
RESTON, VA**

SCC ID NO: **05267935**

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: 12300 PINECREST RD

CITY/ST/ZIP: RESTON, VA 20191

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:	AFEefa SYEED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRPERSON		
ADDRESS:	46843 WOODSTONE TERRACE		
CITY/ST/ZIP/CO:	STERLING, VA 20164		
NAME:	KAREEM ABDELAZIZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	2775 PEMBSLY DRIVE		
CITY/ST/ZIP/CO:	VIENNA, VA 22181		
NAME:	AMAARAH DECUIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	309 TRAMORE CT		
CITY/ST/ZIP/CO:	STERLING, VA 20164		
NAME:	PERVIN DIVLELI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2933 WEST OX ROAD		
CITY/ST/ZIP/CO:	OAK HILL, VA 20171		
NAME:	DAVID HAWA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12045 SUGARLAND VALLEY DR		
CITY/ST/ZIP/CO:	HERNDON, VA 20170		
NAME:	TAHER RASHEED	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	20710 MANDALAY CT		
CITY/ST/ZIP/CO:	ASHBURN, VA 20147		

NAME: RAHIQ SYEED TITLE: DIRECTOR ADDRESS: 1614 LEFRAK CT CITY/ST/ZIP/CO: HERNDON, VA 20170	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: FARHAN SYED TITLE: DIRECTOR ADDRESS: 21922 BLACKHEATH WAY CITY/ST/ZIP/CO: ASHBURN, VA 20148	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MEHMOOD KAZMI TITLE: DIRECTOR ADDRESS: 9817 BEACH MILL RD CITY/ST/ZIP/CO: GREAT FALLS, VA 22066	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RABIAH AHMED TITLE: DIRECTOR ADDRESS: 20630 SUTHERLIN PLACE CITY/ST/ZIP/CO: STERLING, VA 20165	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: IQBAL HASAN TITLE: DIRECTOR ADDRESS: 19628 LOVELLA COUNTRY CT CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<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/ AFEEFA SYEED	AFEEFA SYEED, CHAIRPERSON		2/22/2014	
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.				