

1.) CORPORATION NAME:

DUE DATE: **6/30/2012**

Wat Pa Nanachart Buddhist Temple

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05792593**

**KHAMPONG CHANDAI
40539 JOHN MOSBY HWY
ALDIE, VA 20105**

5.) STOCK INFORMATION

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

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40539 JOHN MOSBY HWY

CITY/ST/ZIP: ALDIE, VA 20105-2825

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:	KHAMPONG CHANDAI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	40539 JOHN MOSBY HWY		
CITY/ST/ZIP/CO:	ALDIE, VA 20105		
NAME:	RANGSAN PHETKEW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	40539 JOHN MOSBY HWY		
CITY/ST/ZIP/CO:	ALIDIE, VA 20105		
NAME:	CHALERM WETCHAKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AS /AT		
ADDRESS:	40539JOHN MOSBY HWY		
CITY/ST/ZIP/CO:	ALDIE, VA 20143		
NAME:	PAVANA PRAYOONTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2930 MEADOW LANE		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22042		
NAME:	NETIPOL KHAMVANG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	40539 JONH MOSBY HWY		
CITY/ST/ZIP/CO:	ALDIE, VA 20105		
NAME:	BOONSRI ARREE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	40539 JOHN MOSBY HWY		
CITY/ST/ZIP/CO:	ALDIE, VA 20105		

NAME: TABOOT PERMPOOL TITLE: ASST SECRETARY ADDRESS: 40539 JONH MOSBY HWY CITY/ST/ZIP/CO: ALDIE, VA 20105	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SUKALYA TIRAKITTI TITLE: OFFICER ADDRESS: 12501 BRIDLE LANE CITY/ST/ZIP/CO: CATHARPIN, VA 20143	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SENG HENG CHEANG TITLE: ASST VP ADDRESS: 6209 DADSON CT CITY/ST/ZIP/CO: ALEXANDIA, VA 22310	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MALIWAN HENDRICK TITLE: ASST VP ADDRESS: 12501 BRIDLE LANE CITY/ST/ZIP/CO: CATHARPIN, VA 20143	<input checked="" type="checkbox"/> OFFICER <input 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/ PAVANA PRAYOONTO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAVANA PRAYOONTO, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	11/7/2012 _____ 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.		