

1.) CORPORATION NAME:

Asian American Business Assistance Center

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TINH DUC PHAN
14214 WASHINGTON HWY
ASHLAND, VA**

SCC ID NO: **06182000**

5.) STOCK INFORMATION

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

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14214 WASHINGTON HWY

CITY/ST/ZIP: ASHLND, VA 23005

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:	IRENE WONG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	11729 BOSWORTH DR		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	ADISH JAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	12030 CARMON ST		
CITY/ST/ZIP/CO:	HENRICO, VA 23233		
NAME:	TINH DUC PHAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10488 GLADFELTER RD		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	MICHAEL CHINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	59 PEAR AVE.		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607		
NAME:	CHRISTINE DO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	5133 GAGNE CT.		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	KAJAL KAPUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1 STEUBIN LANE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911		

NAME: ASHGAR GORAYA TITLE: DIRECTOR ADDRESS: 12502 WALTON LAKE DRIVE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23114	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MY LAN TRAN TITLE: DIRECTOR ADDRESS: 4611 KAYHOE ROAD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KY VAN TITLE: DIRECTOR ADDRESS: 2509 PINE GROVE DR CITY/ST/ZIP/CO: RICHMOND, VA 23294	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALVIN WINSTON TITLE: DIRECTOR ADDRESS: 13455 WINSTON ROAD CITY/ST/ZIP/CO: ASHLAND, VA 23005	<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/ TINH DUC PHAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TINH DUC PHAN, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	6/20/2013 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.		