

| | |
|--|---|
| 1.) CORPORATION NAME: WOMEN'S FREEDOM FORUM, INC. | DUE DATE: 8/31/2014 |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SOONA SAMSAMI 1600 TYSON'S BLVD 8TH FL MCLEAN, VA | SCC ID NO: 06223077 |
| 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: 1600 TYSONS BLVD 8TH FL CITY/ST/ZIP: MCLEAN, VA 22102 | |
|---|--|

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: SOONA SAMSAMI TITLE: EX DIR ADDRESS: 1600 TYSONS BLVD 8TH FL CITY/ST/ZIP/CO: MCLEAN, VA 22102 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|-------------------------------------|----------|

| | | | | |
|---|--------------------------|---------|-------------------------------------|----------|
| NAME: SISTER LOUISE AKERS TITLE: DIRECTOR ADDRESS: 6945 MURRAY AVE #2 CITY/ST/ZIP/CO: CINCINNATI, OH 45227 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|--------------------------|---------|-------------------------------------|----------|

| | | | | |
|--|--------------------------|---------|-------------------------------------|----------|
| NAME: ZAHRA AMANPOUR TITLE: DIRECTOR ADDRESS: 152 HIGHLAND AVE 3B CITY/ST/ZIP/CO: JERSEY CITY, NJ 07306 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|--|--------------------------|---------|-------------------------------------|----------|

| | | | | |
|---|--------------------------|---------|-------------------------------------|----------|
| NAME: PAULA CORRADO TITLE: DIRECTOR ADDRESS: 15 PALMER ST APT 10 CITY/ST/ZIP/CO: COS COB, CT 06807 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|--------------------------|---------|-------------------------------------|----------|

| | | | | |
|---|--------------------------|---------|-------------------------------------|----------|
| NAME: MITRA SAMANI TITLE: DIRECTOR ADDRESS: 24224 VANOWEN ST CITY/ST/ZIP/CO: W HILLS, CA 91307 | <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/ MITRA SAMANI | MITRA SAMANI, DIRECTOR | 9/4/2014 |
| 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.