

1.) CORPORATION NAME:

**St. Mary's Indian Orthodox Church of Northern Virginia**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GEORGE KURIAKOSE  
43606 ALDIE MILL CT  
CHANTILLY, VA 20152**

SCC ID NO: **06332118**

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: 43606 ALDIE MILL CT

CITY/ST/ZIP: CHANTILLY, VA 20152

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: REV FR GEORGE C MATHEW TITLE: PRESIDENT ADDRESS: 2106 HARMONY WOODS RD CITY/ST/ZIP/CO: OWINGS MILLS, MD 21117	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LIZA R PUNNOOSE TITLE: OFFICER ADDRESS: 20614 GOLDEN RIDGE DRIVE CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELDO VARGHESE TITLE: ASST TREASURER ADDRESS: 6615 STOURCLIFFE LN CITY/ST/ZIP/CO: HAYMARKEY, VA 20169	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CIBY ALEX TITLE: SECRETARY ADDRESS: 14602 JOVET CT CITY/ST/ZIP/CO: CENTREVILLE, VA 20120	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAMMEN K VARGHESE TITLE: OFFICER ADDRESS: 8113 DUMONT CT CITY/ST/ZIP/CO: APT 102 VIENNA, VA 22180	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHEELA SOSAMMA JUSTIN TITLE: OFFICER ADDRESS: 3207 Silverstone Ct CITY/ST/ZIP/CO: Oakton, VA 22124	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GEORGE KURIAKOSE TITLE: TREASURER ADDRESS: 43606 Aldie Mill Ct CITY/ST/ZIP/CO: Chantilly, VA 20152	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: REBECCA MATHEW TITLE: OFFICER ADDRESS: 6865 Malabar Ct CITY/ST/ZIP/CO: Centreville, VA 20121	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ REV FR GEORGE C MATHEW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	REV FR GEORGE C MATHEW, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/26/2013 DATE
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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.