

1.) CORPORATION NAME:

**SPIRITUAL ASSEMBLY OF THE BAHA'IS OF
FAIRFAXCOUNTY EAST**

DUE DATE: **7/31/2015**

SCC ID NO: **06413413**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JON E TREVATHAN
8345 OPAL RD
WARRENTON, VA**

5.) STOCK INFORMATION

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

FAUQUIER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1861

CITY/ST/ZIP: ANNANDALE, VA 22003

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:	TECK CHUA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA		

NAME:	CYNTHIA G MCDANIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	HAIDEH SABET	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	PO BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	LADAN DOORANDISH VANCE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	P.O. BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	JULIA BADALIANCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME:	NURIL KINGSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 1861		
CITY/ST/ZIP/CO:	ANNANDALE, VA 22003		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PORTIA MITTLEMAN DIRECTOR PO BOX 1861 ANNANDALE, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SINA SABET DIRECTOR P.O. BOX 1861 ANNANDALE, VA 22003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY N. VANCE DIRECTOR P.O. BOX 1861 ANNANDALE, VA 22003	<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/ CYNTHIA G MCDANIEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CYNTHIA G MCDANIEL, SECRETARY PRINTED NAME AND CORPORATE TITLE	7/10/2015 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.			