

1.) CORPORATION NAME: The Way, The Truth, and The Life Ministries, International	DUE DATE: 2/28/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAULA SHIELDS 14331 REHFIELD CT WOODBIDGE, VA 22193	SCC ID NO: 06521322
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY	5.) STOCK INFORMATION CLASS <input type="checkbox"/> AUTHORIZED <input type="checkbox"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 363 PULASKI DRIVE SW CITY/ST/ZIP: CONCORD, NC 28027	
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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: HABIB BANGURA TITLE: OFFCR ADDRESS: 107 SUMMER STREET APT. 209 CITY/ST/ZIP/CO: MALDEN, MA 02148	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RAYBURN SHIELDS TITLE: OFFICER ADDRESS: 30 HOT SPRINGS WAY CITY/ST/ZIP/CO: STAFFORD, VA 22554	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PAULA SHIELDS TITLE: DIRECTOR ADDRESS: 363 PULASKI DRIVE SW CITY/ST/ZIP/CO: CONCORD, NC 28027	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: EDWARD SHIELDS TITLE: DIRECTOR ADDRESS: 363 PULASKI DRIVE SW CITY/ST/ZIP/CO: CONCORD, VA 28027	<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/ PAULA SHIELDS	PAULA SHIELDS, DIRECTOR	1/31/2013
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.