

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

SV Lotus Temple

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06854145**

**RAVI R AHARAM
12501 BRADDOCK RD
FAIRFAX, VA**

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: 12501 BRADDOCK ROAD

CITY/ST/ZIP: FAIRFAX, VA 22030

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:	RAVI R AHARAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	13407 TREY LANE		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		
NAME:	VASANTHI AHARAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13407 TREY LN		
CITY/ST/ZIP/CO:	CLIFTON, VA 20124		
NAME:	VENKAT BASAVARAJU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3128 BETHANY LANE		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21042		
NAME:	VENKATA KOSURI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2511 ISHAMRANDOLPH DR		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	VENKAT MULPURI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9705 THORNBUSH DR		
CITY/ST/ZIP/CO:	FAIRFAX STATION, VA 22039		
NAME:	VENKATARAMANA MELLACHERUVU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8873 PAPHILLON DRIVE		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21043		

NAME: LALITHA RAMBHALA TITLE: DIRECTOR ADDRESS: 8803 GALLANT GREEN DRIVE CITY/ST/ZIP/CO: McLean, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMPATH KRISHNAN TITLE: DIRECTOR ADDRESS: 2950 Thompson Park Lane CITY/ST/ZIP/CO: Fairfax, VA 22031	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BALAJI RAMANUJAM TITLE: DIRECTOR ADDRESS: 12770 Alder Woods Drive CITY/ST/ZIP/CO: Fairfax, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAMESH ANNAMREDDY TITLE: DIRECTOR ADDRESS: 2650 Cockerill Farm Lane CITY/ST/ZIP/CO: HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SELVA JAYARAMAN TITLE: DIRECTOR ADDRESS: 8801 Brickyard Road CITY/ST/ZIP/CO: Potomac, MD 20814	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VENKATA NARASIMHAM PERI TITLE: DIRECTOR ADDRESS: 14574 Collingham Place CITY/ST/ZIP/CO: Gainesville, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RAJ ANANTHANPILLAI TITLE: DIRECTOR ADDRESS: 12010 Wetherfield Lane CITY/ST/ZIP/CO: POTOMAC, MD 20854	<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/ RAVI R AHARAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RAVI R AHARAM, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	10/29/2013 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.		