

1.) CORPORATION NAME:

SV Lotus Temple

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **06854145**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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:	RAJ ANANTHANPILLAI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12010 WETHERFIELD LANE		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	RAMESH ANNAMREDDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2650 COCKERILL FARM LANE		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
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:	SELVA JAYARAMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8801 BRICKYARD ROAD		
CITY/ST/ZIP/CO:	POTOMAC, MD 20814		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VENKATA KOSURI DIRECTOR 2511 ISHAMRANDOLPH DR HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMPATH KRISHNAN DIRECTOR 2950 THOMPSON PARK LANE FAIRFAX, VA 22031	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VENKATARAMANA MELLACHERUVU DIRECTOR 8873 PAPHILLON DRIVE ELLCOTT CITY, MD 21043	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VENKAT MULPURI DIRECTOR 9705 THORNBUSH DR FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VENKATA NARASIMHAM PERI DIRECTOR 14574 COLLINGHAM PLACE GAINSVILLE, VA 20155	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BALAJI RAMANUJAM DIRECTOR 12770 ALDER WOODS DRIVE FAIRFAX, VA 22033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LALITHA RAMBHALA DIRECTOR 8803 GALLANT GREEN DRIVE MCLEAN, VA 22102	<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	10/24/2014 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.			