

1.) CORPORATION NAME: MZA Associates Inc.	DUE DATE: 9/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ANAS Z AFTAB 15801 IBSEN PLACE DUMFRIES, VA 22025	SCC ID NO: 06996839				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 15801 IBSEN PLACE CITY/ST/ZIP: DUMFRIES, VA 22025	
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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: ANAS Z AFTAB TITLE: PRES/DIR ADDRESS: 15801 IBSEN PL CITY/ST/ZIP/CO: DUMFRIES, VA 22025	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MIRZA Z AFTAB TITLE: OFFICER ADDRESS: 15801 IBSEN PL CITY/ST/ZIP/CO: DUMFRIES, VA 22025	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ARSHIA JAN TITLE: OFFICER ADDRESS: 15801 IBSEN PL CITY/ST/ZIP/CO: DUMFRIES, VA 22025	<input checked="" type="checkbox"/>	OFFICER	<input 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/ ANAS Z AFTAB	ANAS Z AFTAB, PRES/DIR	11/27/2012
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.