

1.) CORPORATION NAME: **Sikh Center of Virginia** DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **SURRINDAR SINGH HANSRA** SCC ID NO: **07034580**

**13681 HERITAGE VALLEY WAY
GAINESVILLE, VA**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8015 BUCKHALL ROAD
 CITY/ST/ZIP: MANASSAS, VA 20111

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: BALWINDER SINGH DHILLON TITLE: PRESIDENT ADDRESS: 5316 POPLAR VALLEY COURT CITY/ST/ZIP/CO: CENTREVILLE, VA 20120	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAMALJIT SINGH BAJWA TITLE: TREASURER ADDRESS: 22025 HYDE PARK DR CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SURRINDAR SINGH HANSRA TITLE: SECRETARY ADDRESS: 13681 HERITAGE VALLEY WAY CITY/ST/ZIP/CO: GAINESVILLE, VA 20155	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JATINDER PAL SINGH MANN TITLE: DIRECTOR ADDRESS: 10848 HENDERSON ROAD CITY/ST/ZIP/CO: FAIRAFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUKHWINDER SINGH PANNU TITLE: DIRECTOR ADDRESS: 43990 DONNINGTON COURT CITY/ST/ZIP/CO: ASHBURN, VA 20147	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GURSHARAN SINGH SIDHU TITLE: DIRECTOR ADDRESS: 13657 LELAND ROAD CITY/ST/ZIP/CO: CENTREVILLE, VA 20120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RANJIT SINGH TITLE: DIRECTOR ADDRESS: 5912 CROOKED CREEK DR CITY/ST/ZIP/CO: MANASSAS, VA 20112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DEVINDER SINGH TITLE: DIRECTOR ADDRESS: 5253 QUEBEC PLACE CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ BALWINDER SINGH DHILLON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BALWINDER SINGH DHILLON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/24/2014 DATE
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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.