

1.) CORPORATION NAME: <b>Instituto Biblico Sinai (IBS)</b>	DUE DATE: <b>3/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KENIA I R LOPEZ 300 N OLD DOMINION LN PURCELLVILLE, VA</b>	SCC ID NO: <b>07065436</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>LOUDOUN COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 N OLD DOMINION LN  
CITY/ST/ZIP: PURCELLVILLE, VA 20132

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: NERY SANCHEZ TITLE: OFFCR/SEC ADDRESS: 21071 DANBURY CT. CITY/ST/ZIP/CO: STERLING, VA 20164	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ABRAHAM VALDEZ TITLE: TREASURER ADDRESS: 17578 SUMMER DUCK DRIVE CITY/ST/ZIP/CO: DUMFRIES, VA 22026	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: KENIA I R LOPEZ TITLE: DIRECTOR ADDRESS: 300 N OLD DOMINION LANE CITY/ST/ZIP/CO: PURCELLVILLE, VA 20132	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ARISTIDES REYES TITLE: ASST DIR ADDRESS: 26 FAIR HEAVEN RD CITY/ST/ZIP/CO: TRACYSLANDING, MD 20779	<input checked="" 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/ KENIA I R LOPEZ	KENIA I R LOPEZ, DIRECTOR	10/19/2015
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.