

|   |  |       |            |        |       |
|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>SUBWAY OF CARTER'S CROSSING, INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>MUKHLES HASAN<br/>         SUBWAY OF CARTER'S CROSSING, INC<br/>         12503 WYE OAKS LN<br/><br/>         FREDERICKSBURG, VA</b> | DUE DATE: <b>7/31/2015</b><br><br>SCC ID NO: <b>07116221</b><br><br>5.) STOCK INFORMATION<br><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  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>STAFFORD COUNTY</b>   |  |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>   |  |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 12503 WYE OAKS LN<br><br>CITY/ST/ZIP: FREDERICKSBURG, VA 22407 |
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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.

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| NAME: MUKHLES HASAN<br>TITLE: PRESIDENT<br>ADDRESS: 12503 YOWYE OAKS LANE<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

|   |   |                                   |
|---|---|-----------------------------------|
| NAME: IBRAHIM ABDELRAZEQ<br>TITLE: OFFICER<br>ADDRESS: 1106 AUSTIN DR<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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|   |   |                                   |
|---|---|-----------------------------------|
| NAME: MAHER QADER<br>TITLE: OFFICER<br>ADDRESS: 11811 ARBOR GLEN DR<br>CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22407 | <input checked="" type="checkbox"/> OFFICER | <input 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/ MUKHLES HASAN                                   | MUKHLES HASAN, PRESIDENT         | 10/12/2015 |
| 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.