

1.) CORPORATION NAME: <b>ANR, INC.</b>	DUE DATE: <b>11/30/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ABDELHAFID GHARSA 7205 G LOCKPORT PL LORTON, VA</b>	SCC ID NO: <b>07157266</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7205 LOCKPORT PLACE  
Suite F

CITY/ST/ZIP: LORTON, VA 22079

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: ABDELHAFID GHARSA TITLE: DIRECTOR ADDRESS: 6365 BERYL RD Suite 203 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: FATEH AZZOUZ TITLE: DIRECTOR ADDRESS: 6166 LEESBURG PIKE #D509 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ABDERAHMANE TAGUEMOUNT TITLE: DIRECTOR ADDRESS: 6166 LEESBURG PIKE #C212 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044	<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/ ABDELHAFID GHARSA	ABDELHAFID GHARSA, DIRECTOR	11/16/2013
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.