

1.) CORPORATION NAME:

DUE DATE: **12/31/2012**

Self-Reliant Initiatives through Joint Action USA

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07168669**

**SHARAD GUPTA
6594 ELLIES WAY
FAIRFAX STATION, VA 22039**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6594 ELLIES WAY

CITY/ST/ZIP: FAIRFAX STATION, VA 22039

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: GANESH KUBER TITLE: PRESIDENT ADDRESS: 10603 BATTALIAN LANDING COURT CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MAX KIEFF TITLE: VICE PRESIDENT ADDRESS: 4601 BRIAR PATCH COURT CITY/ST/ZIP/CO: FAIRFAX, VA 22032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NIHAAR SINHA TITLE: SECRETARY ADDRESS: 12755 ALDER WOODS DRIVE CITY/ST/ZIP/CO: FAIRFAX, VA 22033	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHARAD GUPTA TITLE: TREASURER ADDRESS: 6594 ELLIES WAY CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MURALI DANDU RAJU TITLE: CHAIRMAN ADDRESS: 6508 DEARBORN DRIVE CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: VED ARYA TITLE: DIRECTOR ADDRESS: 4, ANUPAM APT, MEHRAULI BADARPUR RD CITY/ST/ZIP/CO: NEW DELHI, DELHI, 110030, INDIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SALIL GUPTA TITLE: DIRECTOR ADDRESS: 6594 ELLIES WAY CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NIKHIL GUPTA TITLE: DIRECTOR ADDRESS: 6594 ELLIES WAY CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NEHA KUBER TITLE: DIRECTOR ADDRESS: 10603, BATTALION LANDING COURT CITY/ST/ZIP/CO: BURKE, VA 22015	<input 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/ SHARAD GUPTA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARAD GUPTA, TREASURER PRINTED NAME AND CORPORATE TITLE	11/1/2012 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.		