

1.) CORPORATION NAME:

**Friends of the Disabled, Inc.**

DUE DATE: **9/30/2011**

SCC ID NO: **07273931**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
QUYEN H NGUYEN  
4308 SUMMIT PL  
ALEXANDRIA, VA 22312**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4308 SUMMIT PL

CITY/ST/ZIP: ALEXANDRIA, VA 22312-

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: QUYEN H NGUYEN  
TITLE: DIRECTOR  
ADDRESS: 4308 SUMMIT PLACE  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312-

OFFICER  DIRECTOR

NAME: QUYEN Q TRAN  
TITLE: DIRECTOR  
ADDRESS: 3904 SLEEPY HOLLOW ROAD  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041-

OFFICER  DIRECTOR

NAME: QUYEN Q TRAN  
TITLE: PRESIDENT  
ADDRESS: 3904 SLEEPY HOLLOW ROAD  
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041-

OFFICER  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/ QUYEN H NGUYEN

QUYEN H NGUYEN, DIRECTOR

9/27/2011

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.