

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

Trans U S A Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07500960**

**SCOTT THOMAS SMOLINSKI
1730 N LYNN ST
400**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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ARLINGTON, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1730 N LYNN ST
400

CITY/ST/ZIP: ARLINGTON, VA 22209

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: | ALI SHARAFEDDIN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 9701 FIELD RD NO 901 | | |
| CITY/ST/ZIP/CO: | GAITHERSBURG, MD 20878 | | |

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|-----------------|------------------------|----------------------------------|--|
| NAME: | SCOTT THOMAS SMOLINSKI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1730 N LYNN ST 400 | | |
| CITY/ST/ZIP/CO: | ARLINGTON, VA 22209 | | |

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|-----------------|-------------------------|----------------------------------|--|
| NAME: | MANAZ TOOSI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10854 NANTUCKET TERRACE | | |
| CITY/ST/ZIP/CO: | POTOMAC, MD 20854 | | |

| | | | |
|-----------------|-------------------------|----------------------------------|--|
| NAME: | Homayoon Ziaee | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10518 Kinloch Rd | | |
| CITY/ST/ZIP/CO: | Silver Spring, MD 20903 | | |

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|-----------------|--------------------|----------------------------------|--|
| NAME: | Reza Mossadegh | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 38 S April Mist Cr | | |
| CITY/ST/ZIP/CO: | Conroe, TX 77385 | | |

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|--|----------------------------------|--|
| NAME: Mohammad Reza Momeni TITLE: DIRECTOR ADDRESS: 11220 Legato Way CITY/ST/ZIP/CO: Silver Spring, MD 20901 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Kathleen Farhat-Sabt TITLE: DIRECTOR ADDRESS: 6 Great Elm Ct CITY/ST/ZIP/CO: Potomac, MD 20854 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Jalil Toosi TITLE: DIRECTOR ADDRESS: 19613 Gunners Branch Rd CITY/ST/ZIP/CO: Germantown, MD 20876 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: Ramin Mohammadi TITLE: DIRECTOR ADDRESS: 7401 Westlake Terrace No 1204 CITY/ST/ZIP/CO: Bethesda, MD 20817 | <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/ ALI SHARAFEDDIN | ALI SHARAFEDDIN, PRESIDENT | 4/30/2013 |
| 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. | | |