

1.) CORPORATION NAME:

DUE DATE: **4/30/2016**

**Trans U S A Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07500960**

**ALI SHARAFEDDIN  
8478 B TYLO RD  
VIENNA, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	14,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8478 B TYCO RD

CITY/ST/ZIP: VIENNA, VA 22182-7578

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:	ALI SHARAFEDDIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9701 FIELD RD		
CITY/ST/ZIP/CO:	NO 901 GAITHERSBURG, MD 20878		
NAME:	KATHLEEN FARHAT-SABT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 GREAT ELM CT		
CITY/ST/ZIP/CO:	POTOMAC, MD 20854		
NAME:	RAMIN MOHAMMADI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7401 WESTLAKE TERRACE NO 1204		
CITY/ST/ZIP/CO:	BETHESDA, MD 20817		
NAME:	MOHAMMAD REZA MOMENI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11220 LEGATO WAY		
CITY/ST/ZIP/CO:	SILVER SPRING, MD 20901		
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		
NAME:	SCOTT THOMAS SMOLINSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1730 N LYNN ST		
CITY/ST/ZIP/CO:	400 ARLINGTON, VA 22209		

NAME: MANAZ TOOSI TITLE: DIRECTOR ADDRESS: 10854 NANTUCKET TERRACE 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: HOMAYOON ZIAEE TITLE: DIRECTOR ADDRESS: 10518 KINLOCH RD CITY/ST/ZIP/CO: SILVER SPRING, MD 20903	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALI SHARAFEDDIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/26/2016 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.		