

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

ASHOKA

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1090101**

**DIANA WELLS
1700 N MOORE ST STE 2000
ARLINGTON, VA 22209**

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1700 N MOORE ST SUITE 2000

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.

NAME: DIANA WELLS TITLE: PRESIDENT ADDRESS: 1700 N. MOORE ST, SUITE 2000 CITY/ST/ZIP/CO: ARLINGTON, VA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM DRAYTON TITLE: CHAIR/CEO ADDRESS: 1700 N MOORE ST SUITE 2000 CITY/ST/ZIP/CO: ARLINGTON, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM KELLY JR TITLE: DIRECTOR ADDRESS: 4205 LENOR LANE NW CITY/ST/ZIP/CO: WASHINGTON, DC 20008	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLORIA DE SOUZA TITLE: DIRECTOR ADDRESS: 103/104 DUNHILL VILLA BESANT ST, OFF SU ROAD CITY/ST/ZIP/CO: SANTA CRUZ (W) BOMBAY,,400054,INDIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY GORDON TITLE: DIRECTOR ADDRESS: 215 SPADINA AVE. #160 CITY/ST/ZIP/CO: TORONTO ON MST 2CY , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER HARRISON TITLE: DIRECTOR ADDRESS: ITCHEN STOKE MILL OVINGTON ALRESFORD CITY/ST/ZIP/CO: HAMPSHIRE,,S024 ORA,UNITED KINGDOM (GREAT BRI , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: FRED HEHUWAT TITLE: DIRECTOR ADDRESS: JL BUKIT DAGO UTARA II/7 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KYLE ZIMMER TITLE: DIRECTOR ADDRESS: 13 BARN RIDGE COURT CITY/ST/ZIP/CO: SILVER SPRING, MD 20906	<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/ DIANA WELLS	DIANA WELLS, PRESIDENT	6/14/2012
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.