

1.) CORPORATION NAME:

**Mercy-USA for Aid and Development, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

DUE DATE: **8/31/2011**

SCC ID NO: **F1187121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44450 PINETREE DR STE 201

CITY/ST/ZIP: PLYMOUTH, MI 48170-3869

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	UMAR ALI AL-QADI	
TITLE:	P/CEO/S	
ADDRESS:	44450 PINETREE DR STE 201	
CITY/ST/ZIP/CO:	PLYMOUTH, MI 48170-3869	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NAUSHAD VIRJI	
TITLE:	TREASURER	
ADDRESS:	44450 PINETREE DR STE 201	
CITY/ST/ZIP/CO:	PLYMOUTH, MI 48170-3869	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALI EL-MENSHAWI	
TITLE:	VICE CHAIRPRSN	
ADDRESS:	44450 PINETREE DR STE 201	
CITY/ST/ZIP/CO:	PLYMOUTH, MI 48170-3869	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	IMAN ELKADI	
TITLE:	CHAIRPERSON	
ADDRESS:	44450 PINETREE DR STE 201	
CITY/ST/ZIP/CO:	PLYMOUTH, MI 48170-3869	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANAS ALHAIDAR	
TITLE:	CFO	
ADDRESS:	44450 PINETREE DR STE 201	
CITY/ST/ZIP/CO:	PLYMOUTH, MI 48170-3869	

NAME: HASSAN AMIN TITLE: DIRECTOR ADDRESS: 44450 PINETREE DR STE 201 CITY/ST/ZIP/CO: PLYMOUTH, MI 48170-3869	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HODA BADR TITLE: DIRECTOR ADDRESS: 44450 PINETREE DR STE 201 CITY/ST/ZIP/CO: PLYMOUTH, MI 48170-3869	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MELVIN BILAL TITLE: DIRECTOR ADDRESS: 44450 PINETREE DR STE 201 CITY/ST/ZIP/CO: PLYMOUTH, MI 48170-3869	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: AHMAD ELSHENNAWY TITLE: DIRECTOR ADDRESS: 44450 PINETREE DR STE 201 CITY/ST/ZIP/CO: PLYMOUTH, MI 48170-3869	<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/ UMAR ALI AL-QADI	UMAR ALI AL-QADI, P/CEO/S	8/26/2011
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.