

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213540646

1.) CORPORATION NAME:

Mercy-USA for Aid and Development, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1187121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

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.

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

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

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

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

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

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

NAME: MELVIN BILAL 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: 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
NAME: RASHA GHOBASHY TITLE: DIRECTOR ADDRESS: 44450 PINETREE DR, STE 201 CITY/ST/ZIP/CO: PLYMOUTH, MI 48170	<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/ UMAR ALI AL-QADI	UMAR ALI AL-QADI, P/CEO/S	8/29/2013
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.		