

1.) CORPORATION NAME: <b>Sant Nirankari Mission (Universal Brotherhood)</b>	DUE DATE: <b>7/31/2012</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>RAM S NAGRANI 9508 IRONMASTER DR BURKE, VA 22015</b>	SCC ID NO: <b>F1517087</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 9508 INRONMASTER DR CITY/ST/ZIP: BURKE, VA 22015	
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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: I S RAI TITLE: PRESIDENT ADDRESS: 300 W KINGDON RD CITY/ST/ZIP/CO: LODI, CA 95242	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: PREM KOHLI TITLE: TREASURER ADDRESS: 9252 N KILBURN AVE CITY/ST/ZIP/CO: SKOIKI, IL 60076	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ARUN P AHLUWALIA TITLE: SECRETARY ADDRESS: 45 SILVER HOLLOW CITY/ST/ZIP/CO: NORTH BRUNSWICK, NJ 08902	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RAM NAGRANI TITLE: SECRETARY ADDRESS: 9508 IRONMASTER DR CITY/ST/ZIP/CO: BURKE, VA 22015	<input checked="" type="checkbox"/> OFFICER	<input 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/ RAM NAGRANI	RAM NAGRANI, SECRETARY	8/22/2012
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.