

1.) CORPORATION NAME:

SIKH DHARMA WORLDWIDE

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ONGKAR KAUR KHALSA
1736 WHITEWOOD LANE
HERNDON, VA**

SCC ID NO: **F1705112**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1388

CITY/ST/ZIP: ESPANOLA, NM 87532

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: GURUJOT KAUR KHALSA TITLE: PRESIDENT ADDRESS: 1739 WHITEWOOD LN CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIRTAN SINGH KHALSA TITLE: CHAIRMAN ADDRESS: 1800 S. ROBERTSON BLVD. CITY/ST/ZIP/CO: LOS ANGELES, CA 90035	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GURUMUKH S KHALSA TITLE: COMPTROLLER ADDRESS: 790 E. 37TH AVE. CITY/ST/ZIP/CO: EUGENE, OR 97405	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ONGKAR KAUR KHALSA TITLE: SECRETARY ADDRESS: 1736 WHITEWOOD LANE CITY/ST/ZIP/CO: HERNDON, VA 20170	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: S. GURU AMRIT KAUR KHALSA TITLE: DIRECTOR ADDRESS: PO BOX 992 CITY/ST/ZIP/CO: SANTA CRUZ, NM 87567	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AVTAR HARI SINGH KHALSA TITLE: DIRECTOR ADDRESS: 166 COUNTY RD 119 CITY/ST/ZIP/CO: ESPANOLA, NM 87532	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GURU SANGAT KAUR KHALSA DIRECTOR IVON M. PINTO, 511 , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GURU RAJ KAUR KHALSA DIRECTOR 3204 W 13TH AVENUE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAT KARTAR KAUR KHALSA-RAMEY DIRECTOR 359 DURANT WAY MILL VALLEY, VA	<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/ ONGKAR KAUR KHALSA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ONGKAR KAUR KHALSA, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/5/2014 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.			