

1.) CORPORATION NAME:

Montessori Education Trust, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
LINDSEY H. SCHWAB
631 CUTLER LANE
CHARLOTTESVILLE, VA 22901**

SCC ID NO: **05364872**

5.) STOCK INFORMATION

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

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 631 CUTLER LANE

CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901-

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: LINDSEY SCHWAB
TITLE: TREASURER
ADDRESS: 460 ROCKY HOLLOW RD
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911-

OFFICER

DIRECTOR

NAME: PARAMES ADIE
TITLE: PRESIDENT
ADDRESS: 115 BENNINGTON ROAD
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: STELLA PERFETTO
TITLE: DIRECTOR
ADDRESS: 3035 MOREWOOD LN.
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: GRETCHEN WASSERSTROM
TITLE: PRESIDENT
ADDRESS: 1614 KING MTN. RD.
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

DIRECTOR

NAME: KRISTIN WRAY
TITLE: DIRECTOR
ADDRESS: 2825 COLA WOODS LN.
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901-

OFFICER

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.

<u>/s/ LINDSEY SCHWAB</u>	<u>LINDSEY SCHWAB, TREASURER</u>	<u>3/12/2012</u>
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.