

1.) CORPORATION NAME: Montessori Education Trust, Inc.	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LINDSEY HARVILL MUNSON 631 CUTLER LANE CHARLOTTESVILLE, VA 22901	SCC ID NO: 05364872
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
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: PARAMES ADIE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 115 BENNINGTON ROAD				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

NAME: GRETCHEN WASSERSTROM	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 1614 KING MTN. RD.				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

NAME: LINDSEY MUNSON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: TREASURER				
ADDRESS: 1440 VILLAVERDE LN				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902				

NAME: STELLA PERFETTO	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 3035 MOREWOOD LN.				
CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901				

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/ LINDSEY MUNSON	LINDSEY MUNSON, TREASURER	1/22/2013
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.