

1.) CORPORATION NAME:

**The ACSI Education Foundation**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN L COOLEY  
2965 COLONNADE DR STE 200  
ROANOKE, VA**

SCC ID NO: **06641971**

5.) STOCK INFORMATION

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

**ROANOKE COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 65130

CITY/ST/ZIP: COLORADO SPRINGS, CO 80962-5130

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:	RICK KEMPTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	716 BESTGATE RD		
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21401		
NAME:	ALAN PUE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7692 BRISTOLWOOD DR		
CITY/ST/ZIP/CO:	CASTLE ROCK, CO 80108		
NAME:	SUSAN RHODA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	217 STOCKTON ST		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08540		
NAME:	DAN EGELER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	731 CHAPEL HILLS DR		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80920		
NAME:	STAN BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7220 NE ARNOLD AVE		
CITY/ST/ZIP/CO:	CORNWALLIS, OR 97330		
NAME:	DAVID MANLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7400 GETWELL RD		
CITY/ST/ZIP/CO:	SOUTHHAVEN, MS 38672		

NAME: TERI O'CONNOR TITLE: DIRECTOR ADDRESS: 8005 GREENWOOD DR CITY/ST/ZIP/CO: PLANO, TX 75025	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAN STUMP TITLE: EXEC DIRECTOR ADDRESS: 731 CHAPEL HILLS DR CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80920	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ARNOLD TRILLET TITLE: DIRECTOR ADDRESS: 2636 WILLOW GRASS CT CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80920	<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/ JAN STUMP	JAN STUMP, EXEC DIRECTOR	8/19/2013
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.		