

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214526471

1.) CORPORATION NAME:

**ASTA Education Foundation, Inc.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AMERICAN SOCIETY OF TRAVEL AGENTS INC  
1101 KING ST STE 200  
ALEXANDRIA, VA**

SCC ID NO: **07647225**

5.) STOCK INFORMATION

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

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1101 King Street  
Suite 200

CITY/ST/ZIP: Alexandria, VA 22314

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROGER BLOCK				
TITLE:	VP/SECY				
ADDRESS:	3033 CAMPPUS DRIVE				
	SUITE W320				
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55441				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ZANE KERBY				
TITLE:	PRESIDENT				
ADDRESS:	1101 KING ST STE 200				
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN I LOVELL				
TITLE:	CHAIRMAN				
ADDRESS:	1801 BRETON ROAD SE				
	#F				
CITY/ST/ZIP/CO:	GRAND RAPIDS, MI 49506-4887				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LEO ZABINSKI				
TITLE:	TREASURER				
ADDRESS:	29 PLANTATION PARK DRIVE				
	SUITE 104B				
CITY/ST/ZIP/CO:	BLUFFTON, SC 29910-9010				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JASON COLEMAN				
TITLE:	DIRECTOR				
ADDRESS:	3002 MIDVALE AVENUE				
	SUITE 202				
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90034-3418				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JAY ELLENBY				
TITLE:	DIRECTOR				
ADDRESS:	126 SOUTH MAIN STREET				
CITY/ST/ZIP/CO:	BEL AIR, MD 21014-3864				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACKIE FRIEDMAN DIRECTOR 6225 NORTH STATE HIGHWAY SUITE 450 IRVING, TX 75038-2213	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAITLIN GOMEZ DIRECTOR 16 EAST 34TH STREET FLOOR 3 NEW YORK, NY 10016-4371	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LOVELL DIRECTOR 1650 KING STREET SUITE 450 ALEXANDRIA, VA 22314-2747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA RODRIGUEZ DIRECTOR 7035 SOUTH CENTRAL AVENUE SUITE 4 PHOENIX, AZ 85042-5465	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC CASTO DIRECTOR 2560 NORTH 1ST STREET SUITE 150 SAN JOSE, CA 95131-1046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER KLEBANOW DIRECTOR 2120 SOUTH 72ND STREET SUITE 700 OMAHA, NE 68124-2366	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN SMITH DIRECTOR 1606 BOYER AVENUE EAST SEATTLE, WA 98112-3020	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RYAN MCGREDY DIRECTOR PO BOX 318 MORAGA, CA 94556-0318	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JORGE SANCHEZ DIRECTOR 5209 NORTH CLARK CHICAGO, IL 60640-2101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARILYN ZELAYA DIRECTOR 1275 LINCOLN AVENUE SAN JOSE, CA 95125-3007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MICHAEL MERRITHEW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O ASTA; 1101 KING STREET		
CITY/ST/ZIP/CO:	SUITE 200 ALEXANDRIA, VA 22314		

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/ ZANE KERBY	ZANE KERBY, PRESIDENT	5/22/2014
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.