

1.) CORPORATION NAME: **SAINT LEO UNIVERSITY, INCORPORATED** DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **INCORP SERVICES INC** SCC ID NO: **F0293540**

**7288 HANOVER GREEN DRIVE  
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 33701 ST 52  
PO BOX 6665 MC 2246

CITY/ST/ZIP: SAINT LEO, FL 33574

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 type="checkbox"/> DIRECTOR
NAME:	DR. ARTHUR KIRK	
TITLE:	PRESIDENT	
ADDRESS:	P.O BOX 6665 MC 2246	
CITY/ST/ZIP/CO:	SAINT LEO, FL 33574	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEANNE PLECENIK	
TITLE:	TREASURER	
ADDRESS:	ST LEO UNIV MC 2246 PO BOX 6665	
CITY/ST/ZIP/CO:	ST LEO, FL 33574	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THAMIR CADDOURI	
TITLE:	SECRETARY	
ADDRESS:	SAINT LEO UNIV PO BOX 6665 MC 2246	
CITY/ST/ZIP/CO:	ST LEO, FL 33574	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CYNTHIA BRANNEN	
TITLE:	CHAIRMAN	
ADDRESS:	SAINT LEO UNIVERSITY P.O. BOX 6665 MC2246	
CITY/ST/ZIP/CO:	ST LEO, FL 33574	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DENNIS MULLEN	
TITLE:	VICE CHAIRMAN	
ADDRESS:	P..O BOX 6665 MC2246	
CITY/ST/ZIP/CO:	SAINT LEO, FL 33574	

NAME:	DR. MARIBETH DURST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O BOX 6665		
CITY/ST/ZIP/CO:	MC2246 SAINT LEO, FL 33574		

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/ JEANNE PLECENIK	JEANNE PLECENIK, TREASURER	7/9/2013
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.