

1.) CORPORATION NAME: Park University	DUE DATE: 3/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802	SCC ID NO: F0363517
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MO	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8700 NW RIVER PARK DR CITY/ST/ZIP: PARKVILLE, MO 64152	
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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: MICHAEL H DROGE, PH.D. TITLE: PRESIDENT ADDRESS: 8700 NW RIVER PARK DRIVE CITY/ST/ZIP/CO: PARKVILLE, MO 64152	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Richard E Thode TITLE: TREASURER ADDRESS: 9704 E. 84th Street CITY/ST/ZIP/CO: Raytown, MO 64138	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: N. Gary Wages TITLE: CHAIRMAN ADDRESS: 3908 Sherman Drive CITY/ST/ZIP/CO: Independence, MO 64055	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Katheen J Dodd TITLE: SECRETARY ADDRESS: 1008 W. 66th Street CITY/ST/ZIP/CO: Kansas City, MO 64113	<input checked="" type="checkbox"/>	OFFICER	<input 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/ MICHAEL H DROGE, PH.D.	MICHAEL H DROGE, PH.D., PRESIDENT	2/14/2013
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.