

1.) CORPORATION NAME: Park University	DUE DATE: 3/31/2014
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	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	
---	--

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: Scott D McRuer TITLE: TREASURER ADDRESS: 1251 NW Briarcliff Pkwy, Suite 100 CITY/ST/ZIP/CO: Kansas City, MO 64116	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: C. Ann Mesle TITLE: CHAIRMAN ADDRESS: 835 W. 54th Terr. CITY/ST/ZIP/CO: Kansas City, MO 64112	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Peter J deSilva TITLE: SECRETARY ADDRESS: 1010 Grand Blvd CITY/ST/ZIP/CO: KANSAS CITY, MO 64106	<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.,	2/10/2014
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.