

1.) CORPORATION NAME:

**ASSOCIATION OF SCHOOL BUSINESS
OFFICIALSINTERNATIONAL**

DUE DATE: **1/31/2012**

SCC ID NO: **F0472474**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JOHN MUSSO
11401 NORTH SHORE DRIVE
RESTON, VA 20190**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11401 N SHORE DR

CITY/ST/ZIP: RESTON, VA 20190-

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:	CHARLES E LINDERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	4 ALMY DRIVE		
CITY/ST/ZIP/CO:	MALVEM, PA 19355-		
NAME:	BRIAN MEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10349 SANTA FE LANE		
CITY/ST/ZIP/CO:	GOODYEAR, AZ 85037-		
NAME:	JOHN D MUSSO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	11401 N SHORE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190-		
NAME:	RON MCCULLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5185 SOUTH MEADOW LARK DRIVE		
CITY/ST/ZIP/CO:	CASTLE ROCK, CO 80109-		
NAME:	RANDY EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4224 LOS METATES NW		
CITY/ST/ZIP/CO:	ALBUQUERQUE, NM 87124-		

NAME: TERRIE SIMMONS TITLE: DIRECTOR ADDRESS: 534 BELLE PLAINE AVENUE CITY/ST/ZIP/CO: GURNEE, IL 60093-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRENDA BURKETT TITLE: DIRECTOR ADDRESS: 3926 PINE TREE CIRCLE CITY/ST/ZIP/CO: NORMAN, OK 73072-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK PEPERA TITLE: DIRECTOR ADDRESS: 4651 JAYCOX ROAD CITY/ST/ZIP/CO: AVON, OH 44011-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MINDY STOOKSBURY TITLE: DIRECTOR ADDRESS: 4344 FOX HILLS DRIVE CITY/ST/ZIP/CO: LOUISVILLE, TN 37777-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC SMITH TITLE: DIRECTOR ADDRESS: 40 CORRIETTA COURT CITY/ST/ZIP/CO: TEMPLETON, CA 93465-	<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/ JOHN D MUSSO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN D MUSSO, CEO _____ PRINTED NAME AND CORPORATE TITLE	11/15/2011 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.		