

1.) CORPORATION NAME:

**ASSOCIATION OF SCHOOL BUSINESS
OFFICIALSINTERNATIONAL**

DUE DATE: **1/31/2013**

SCC ID NO: **F0472474**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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:	BRIAN MEE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIENT		
ADDRESS:	10349 SANTA FE LANE		
CITY/ST/ZIP/CO:	GOODYEAR, AZ 85037		
NAME:	RON MCCULLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5185 SOUTH MEADOW LARK DRIVE		
CITY/ST/ZIP/CO:	CASTLE ROCK, CO 80109		
NAME:	JOHN D MUSSO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO, SEC/TREAS		
ADDRESS:	11401 N SHORE DRIVE		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	BRENDA BURKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3926 PINE TREE CIRCLE		
CITY/ST/ZIP/CO:	NORMAN, OK 73072		
NAME:	MARK PEPERA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4651 JAYCOX ROAD		
CITY/ST/ZIP/CO:	AVON, OH 44011		
NAME:	TERRIE SIMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	534 BELLE PLAINE AVENUE		
CITY/ST/ZIP/CO:	GURNEE, IL 60093		

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: CLAIRE HERTZ TITLE: DIRECTOR ADDRESS: 16550 SW METRO ROAD CITY/ST/ZIP/CO: BEAVERTON, OR 97006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS WOHLLEBER TITLE: DIRECTOR ADDRESS: 7106 SOUTH AVE CITY/ST/ZIP/CO: MIDDLETON, WI 53562	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JENNIFER BOLTON-CARLS TITLE: DIRECTOR ADDRESS: 2020 JUMP BROOK RD CITY/ST/ZIP/CO: GRAND GORGE, NY 12434	<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, SEC/TREAS _____ PRINTED NAME AND CORPORATE TITLE	3/2/2013 _____ 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.		