

1.) CORPORATION NAME:

**SCHOOL OF LIVING**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HERB GOLDSTEIN  
3735 FRANKLIN RD SW UNIT 278  
ROANOKE, VA**

SCC ID NO: **F1254988**

5.) STOCK INFORMATION

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

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 215 JULIAN WOODS LANE

CITY/ST/ZIP: JULIAN, PA 16844

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:	DAVID NUTTALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BOX 971		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19899-0971		
NAME:	ANN WILKEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CLERK SEC		
ADDRESS:	430 JULIAN WOODS LANE		
CITY/ST/ZIP/CO:	JULIAN, PA 16844		
NAME:	DEBORAH FISHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	290 JULIAN WOODS LANE		
CITY/ST/ZIP/CO:	JULIAN, PA 16844		
NAME:	HERB GOLDSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	PMB 278, 3735 FRANKLIN RD SW		
CITY/ST/ZIP/CO:	ROANOKE, VA 24014		
NAME:	KAREN STUPSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21300 HEATHCOTE ROAD		
CITY/ST/ZIP/CO:	FREELAND, MD 21053		
NAME:	John Fox	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21300 Heathcote Rd		
CITY/ST/ZIP/CO:	Freeland, MD 21053		

NAME: John Mangan TITLE: DIRECTOR ADDRESS: 475 Julian Woods Ln CITY/ST/ZIP/CO: Julian, PA 16844	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: David Harper TITLE: DIRECTOR ADDRESS: 1416 Fairview Dr CITY/ST/ZIP/CO: Columbia, SC 29205	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John Kunkle TITLE: DIRECTOR ADDRESS: 1045 Oakridge Dr CITY/ST/ZIP/CO: Lanesville, IN 47136	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: June Yeatman TITLE: DIRECTOR ADDRESS: 182 Old Limestone Rd CITY/ST/ZIP/CO: Oxford, PA 19363	<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/ HERB GOLDSTEIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HERB GOLDSTEIN, ASST TREASURER _____ PRINTED NAME AND CORPORATE TITLE
5/31/2013 _____ 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.	