

1.) CORPORATION NAME:

SCHOOL OF LIVING

DUE DATE: **5/31/2014**

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:	JOHN KUNKLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1045 OAKRIDGE DR		
CITY/ST/ZIP/CO:	LANESVILLE, IN 47136		
NAME:	JOHN MANGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	475 JULIAN WOODS LN		
CITY/ST/ZIP/CO:	JULIAN, PA 16844		

NAME: KAREN STUPSKI TITLE: DIRECTOR ADDRESS: 21300 HEATHCOTE ROAD CITY/ST/ZIP/CO: FREELAND, MD 21053	<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
NAME: Rita Jane Kiefert TITLE: DIRECTOR ADDRESS: 121 Oakdale Chase CITY/ST/ZIP/CO: Lexington, VA 24450	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Tony Corazza TITLE: DIRECTOR ADDRESS: 131 Broad Wing Trail CITY/ST/ZIP/CO: Lexington, VA 24450	<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
5/30/2014 _____ 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.	