

1.) CORPORATION NAME:

North Seattle Community College Foundation

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4001 NORTH NINTH STREET
SUITE 227**

SCC ID NO: **F1483066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ARLINGTON, VA 22203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2815 2ND AVE STE 280

CITY/ST/ZIP: SEATTLE, WA 98121

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CINDY R SEREMEK	
TITLE:	PRESIDENT	
ADDRESS:	2815 2ND AVE., SUITE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEROME GRONFEIN	
TITLE:	DIRECTOR	
ADDRESS:	2815 2ND AVE., SUITE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH JAHN	
TITLE:	DIRECTOR	
ADDRESS:	2815 2ND AVE STE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD LAFAYETTE	
TITLE:	DIRECTOR	
ADDRESS:	2815 2ND AVE STE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM MASON	
TITLE:	DIRECTOR	
ADDRESS:	2815 2ND AVE., SUITE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK MITSUI	
TITLE:	DIRECTOR	
ADDRESS:	2815 2ND AVE., SUITE 280	
CITY/ST/ZIP/CO:	SEATTLE, WA 98121	

NAME: Lee Rees TITLE: DIRECTOR ADDRESS: 1001 4th Avenue, Suite 4400 CITY/ST/ZIP/CO: Seattle, WA 98154	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carolyn Barton TITLE: DIRECTOR ADDRESS: 747 Broadway CITY/ST/ZIP/CO: Seattle, WA 98122	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Wade Parrott TITLE: DIRECTOR ADDRESS: 9600 College Way N CITY/ST/ZIP/CO: Seattle, WA 98103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James Medley TITLE: SECRETARY ADDRESS: 2815 2nd Ave., Suite 280 CITY/ST/ZIP/CO: Seattle, WA 98121	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Derek Olson TITLE: TREASURER ADDRESS: 2815 2nd Ave., Suite 280 CITY/ST/ZIP/CO: Seattle, WA 98121	<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/ CINDY R SEREMEK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CINDY R SEREMEK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/20/2012 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.		