

1.) CORPORATION NAME:

North Seattle Community College Foundation

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1483066**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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.

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

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

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

NAME:	CAROLYN BARTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	320 Westlake Ave, Suite 100		
CITY/ST/ZIP/CO:	SEATTLE, WA 98109		

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

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

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: Mary Ellen O'Keeffe 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: 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: 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: Reed Davis 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: Sy Iffert 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: James Medley TITLE: DIRECTOR ADDRESS: 2815 2nd Ave., Suite 280 CITY/ST/ZIP/CO: Seattle, WA 98121	<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/ CINDY R SEREMEK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CINDY R SEREMEK, PRESIDENT PRINTED NAME AND CORPORATE TITLE	8/21/2013 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.		