

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213538171

1.) CORPORATION NAME:

**Imagine Schools, Inc.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1522897**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000
CONVPA	10,000
CONVPB	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1005 NORTH GLEBE ROAD  
STE 610

CITY/ST/ZIP: ARLINGTON, VA 22201

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: JASON BRYANT  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 1005 NORTH GLEBE ROAD  
 STE 610  
 CITY/ST/ZIP/CO: ARLINGTON, VA 22201

NAME: ISABEL BERIO  OFFICER  DIRECTOR  
 TITLE: SVP/SECRETARY  
 ADDRESS: 105 N GLEBE ROAD  
 STE 610  
 CITY/ST/ZIP/CO: ARLINGTON, VA 22201

NAME: ROY GAMSE  OFFICER  DIRECTOR  
 TITLE: EVP  
 ADDRESS: 1005 N GLEBE ROAD  
 STE 610  
 CITY/ST/ZIP/CO: ARLINGTON, VA 22201

NAME: NANCY HALL  OFFICER  DIRECTOR  
 TITLE: EVP  
 ADDRESS: 18052 N BLACK CANYON HWY  
 CITY/ST/ZIP/CO: PHOENIX, AZ 85053

NAME: ALAN T OLKES  OFFICER  DIRECTOR  
 TITLE: EVP  
 ADDRESS: 1005 NORTH GLEBE ROAD  
 STE 610  
 CITY/ST/ZIP/CO: ARLINGTON, VA 22201

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD SASSE EVP 1005 N GLEBE ROAD STE 610 ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCFADDEN TREASURER 1005 N GLEBE ROAD STE 610 ARLINGTON, VA 22201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS W BAKKE DIRECTOR 1005 NORTH GLEBE ROAD STE 610 ARLINGTON, VA 22201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN BAKKE DIRECTOR 1005 NORTH GLEBE ROAD STE 610 ARLINGTON, VA 22201	<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/ DENNIS W BAKKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS W BAKKE, DIRECTOR PRINTED NAME AND CORPORATE TITLE	8/16/2013 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.			