

1.) CORPORATION NAME:

**International Society for Technology in Education, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1539594**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OR**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 180 WEST 8TH AVENUE  
SUITE 300

CITY/ST/ZIP: EUGENE, OR 97401-2916

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:	HOLLY JOBE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	602 E VALLEY GREEN RD		
CITY/ST/ZIP/CO:	FLOURTOWN, PA 19031		

NAME:	HELEN PADGETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PAST PRESIDENT		
ADDRESS:	30914 N 74TH WAY		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85262-2717		

NAME:	KARA M GANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	621 SILVER SAGE		
CITY/ST/ZIP/CO:	CHEYENNE, WY 82009		

NAME:	DAN MEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	16130 BIRCHWOOD LN		
CITY/ST/ZIP/CO:	BRAINERD, MN 56401		

NAME:	LESLIE CONERY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DEPUTY CEO		
ADDRESS:	4065 SOUTHPOINT DRIVE		
CITY/ST/ZIP/CO:	EUGENE, OR 97405		

NAME:	DONALD G KNEZEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2926 PANZANO PLACE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78258		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE TULLY CFO 30900 BLANTON ROAD EUGENE, OR 97405	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLENE BORTHWICK DIRECTOR 708 N BON AIRE DR PALATINE, IL 60074	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONY BRANDENBURG DIRECTOR 12 CROCKER ST BALLARAT, VIC, 3350, AUSTRALIA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HOWIE DIBLASI DIRECTOR 928 RIVER WALK GEORGETOWN, TX 78633	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE EVANS DIRECTOR 26491 MARSALA WAY MISSION VIEJO, CA 92692	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER FULLER DIRECTOR 413 BANBURY LANE SAVOY, IL 61874	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAIGE JOHNSON DIRECTOR 11640 SW RIVERWOOD RD PORTLAND, OR 97219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GWYNETH JONES DIRECTOR 9546 GLEN OAKS LANE COLUMBIA, MD 21046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN KELLER DIRECTOR 6155 S 950 E ZIONSVILLE, IN 46077	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE LAWRENCE DIRECTOR 5281 HAMER LANE PLACENTIA, CA 92870	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE LINDSAY DIRECTOR NO 17, AREA 4, AN ZHEN XI LI BEIJING,, 100029, CHINA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:                   STEPHEN RAINWATER TITLE:                   DIRECTOR ADDRESS:               3301 BIG OAK DRIVE CITY/ST/ZIP/CO:       TYLER, TX 75707	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                   KECIA RAY TITLE:                   DIRECTOR ADDRESS:               6117 HAMPTON HALL WAY CITY/ST/ZIP/CO:       HERMITAGE, TN 37076	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                   BEN SMITH TITLE:                   DIRECTOR ADDRESS:               686 CORTLAND DRIVE CITY/ST/ZIP/CO:       YORK, PA 17403	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                   KARI STRUBBS TITLE:                   DIRECTOR ADDRESS:               3300 W 144TH ST CITY/ST/ZIP/CO:       LEAWOOD, KS 66224	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                   RIC WILTSE TITLE:                   DIRECTOR ADDRESS:               1046 SAN JUAN DR SE CITY/ST/ZIP/CO:       GRAND RAPIDS, MI 49506	<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/ ANNE TULLY	ANNE TULLY, CFO		10/22/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE		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.				