

1.) CORPORATION NAME:

**INTERNATIONAL STUDENTS, INC.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES C BRINCEFIELD JR  
526 KING ST STE 423  
ALEXANDRIA, VA 22314**

SCC ID NO: **F1589540**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7222 COMMERCE CENTER DRIVE STE 200

CITY/ST/ZIP: COLORADO SPRINGS, CO 80919

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:	DR DOUGLAS SHAW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	11946 HANGING VALLEY DRIVE		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80921		
NAME:	DENNIS S YODER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7075 WILDRIDGE ROAD		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80908		
NAME:	DALE AIGAKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SEC/TREASURER		
ADDRESS:	12615 S. ROBINSON RANCH RD		
CITY/ST/ZIP/CO:	PARKER, CO 80134		
NAME:	VICTOR EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10746 HIGHWAY 61		
CITY/ST/ZIP/CO:	HANNIBAL, MO 63401		
NAME:	STEVE HEINZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 SOWRES ST STE 400		
CITY/ST/ZIP/CO:	STATE COLLEGE, PA 16801		
NAME:	MARK WATERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	4732 KENNETH AVENUE		
CITY/ST/ZIP/CO:	FAIR OAKS, CA 95628		

NAME: JIM WERT TITLE: DIRECTOR ADDRESS: 1414 LANIER PLACE NE CITY/ST/ZIP/CO: ATLANTA, GA 30306	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILFRED PERKINS TITLE: DIRECTOR ADDRESS: 2508 PINE BLUFF ROAD CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80909	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RALPH MARTINEZ TITLE: DIRECTOR ADDRESS: 24422 AVENIDA DE LA CARLOTA CITY/ST/ZIP/CO: SUITE 310 LAGUNA HILLS, CA 92653	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SANDRA KING TITLE: ASST SEC/TRE ADDRESS: 4715 BYWOOD CT CITY/ST/ZIP/CO: COLORADO SPRINGS, CO 80906	<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/ DENNIS S YODER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS S YODER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/30/2012 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.		