

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214526066

1.) CORPORATION NAME:

INTERNATIONAL STUDENTS, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR DOUGLAS SHAW	
TITLE:	P/CEO	
ADDRESS:	11946 HANGING VALLEY DRIVE	
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80921	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVE HEINZ	
TITLE:	VICE CHAIR	
ADDRESS:	107 PILGRIM DRIVE	
CITY/ST/ZIP/CO:	BOALSBURG, PA 16827	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SANDRA KING	
TITLE:	BOARD CHAIR	
ADDRESS:	4715 BYWOOD CT	
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80906	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VICTOR EVANS	
TITLE:	DIRECTOR	
ADDRESS:	10746 HIGHWAY 61	
CITY/ST/ZIP/CO:	HANNIBAL, MO 63401	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RALPH MARTINEZ	
TITLE:	DIRECTOR	
ADDRESS:	24422 AVENIDA DE LA CARLOTA SUITE 310	
CITY/ST/ZIP/CO:	LAGUNA HILLS, CA 92653	

	<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	

NAME:	JIM WERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1414 LANIER PLACE NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30306		

NAME:	STEVEN R PRENSNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3685 ARBORVIEW CT		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80918		

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/ STEVEN RPRENSNER	STEVEN RPRENSNER,	5/20/2014
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.