

1.) CORPORATION NAME:

AdvancePath Academics, Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN MURRAY
460 MCLAWS CIR
STE 110**

SCC ID NO: **F1703190**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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WILLIAMSBURG, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WILLIAMSBURG CITY (FILED IN JAMES CITY COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 MCLAWS CR.
SUITE 110

CITY/ST/ZIP: WILLIAMSBURG, VA 23185

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:	JOHN MURRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO/DIR		
ADDRESS:	460 MCLAWS CIR SUITE 110		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23815		

NAME:	TINSLEY GOAD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	460 MCLAWS CR. SUITE 110		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	KURT BERGQUIST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 MCLAWS CIR SUITE 110		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	WADE DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 MCLAWS CIR, SUITE 110		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME:	CLEMENT ERBMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	460 MCLAWS CR. SUITE 110		
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23185		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTOR HANNA DIRECTOR 460 MCLAWS CR. SUITE 110 WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SONIA HERNANDEZ-RODRIGUEZ DIRECTOR 460 MCLAWS CIR SUITE 110 WILLIAMSBURG, VA 23185	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM VANDER ARK DIRECTOR 460 MCLAWS CR. SUITE 110 WILLIAMSBURG, VA 23185	<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/ TINSLEY GOAD	TINSLEY GOAD, SECRETARY	4/8/2013	
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.			