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STATUS INQUIRY

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NAME APPLIED SCHOLASTICS INTERNATIONAL

CORP NO C0661695 INC. DATE 07/28/1972 STATUS ACTIVE
DOMESTIC NONPROFIT CLASS PB
NO OF PAGES 09 ST/CTRY

STMT OF INFO (SI) RECENT SI C DATE 05/12/10 NO EA66646
PRIOR COMPLETE SI C DATE 10/20/08 NO 0431877

PRINCIPAL EXECUTIVE ADDR 17291 IRVINE BLVD

CITY/ST/CNTRY TUSTIN

CALIFORNIA
ZIP 92780

CALIFORNIA ADDRESS

MAILING ADDRESS CITY VP ACCOUNTING
11755 RIVERVIEW DR

CA

CITY/ST/CNTRY ST LOUIS

MISSOURI
ZIP 63138

CEO NAME GENE CRAIG BURTON
ADDRESS 11755 RIVERVIEW DR

CITY/ST/CNTRY ST LOUIS

MO
ZIP 63138

AGENT NAME SHERMAN LENSKE
ADDRESS 6400 CANOGA AVE STE 315

CITY WOODLAND HILLS

CA 91367

TYPE OF BUSINESS

ENTR=CONTINUE

PF2=HISTORY

PF3=BACK TO WORKSCREEN

PF10=MAIN MENU

State of California
Secretary of State



E-A66646
FILED

In the office of the Secretary of State
of the State of California

May - 12 2010

This Space For Filing Use Only

STATEMENT OF INFORMATION

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

N

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

C0661695
APPLIED SCHOLASTICS INTERNATIONAL
VP ACCOUNTING
11755 RIVERVIEW DR
ST LOUIS MO 63138

DUE DATE:

COMPLETE PRINCIPAL OFFICE ADDRESS (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
17291 IRVINE BLVD TUSTIN CA 92780

3. MAILING ADDRESS OF THE CORPORATION, IF REQUIRED CITY STATE ZIP CODE
VP ACCOUNTING 11755 RIVERVIEW DR ST LOUIS MO 63138

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
GENE CRAIG BURTON 11755 RIVERVIEW DR ST LOUIS, MO 63138

5. SECRETARY/ ADDRESS CITY STATE ZIP CODE
PAMELA CHIPMAN 11755 RIVERVIEW DR ST LOUIS MO 63138

6. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
PAULA HAYES PO BOX 4929 CLEARWATER FL 33756

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 8 must be left blank.)

7. NAME OF AGENT FOR SERVICE OF PROCESS

SHERMAN LENSKE

8. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
6400 CANOGA AVE STE 315 WOODLAND HILLS, CA 91367

DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT (California Civil Code section 1350, et seq.)

9. Check here if the corporation is an association formed to manage common interest development under the Davis-Stirling Common interest Development Act and proceed to items 10, 11 and 12.

NOTE: Corporations formed to manage a common interest development must also file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code section 1363.6. Please see instructions on the reverse side of this form.

10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY CITY STATE ZIP CODE

11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT 9-DIGIT ZIP CODE
(Complete if the business or corporate office is not on the site of the common interest development.)

12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY CITY STATE ZIP CODE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

05/12/2010

KATIE CHAMBERLAIN

VP ACCOUNTING

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

State of California
Secretary of State



08-431877

FILED

in the office of the Secretary of State
of the State of California

007 2 0 2008

This Space For Filing Use Only

STATEMENT OF INFORMATION

(Domestic Nonprofit, Credit Union and Consumer Cooperative Corporations) **57**

Filing Fee: \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. **CORPORATE NAME** (Please do not alter if name is preprinted.)

C0661695 PB NCD
APPLIED SCHOLASTICS INTERNATIONAL
11755 RIVERVIEW DR
ST LOUIS MO 63138

N

DUE DATE: 07-31-08

COMPLETE PRINCIPAL OFFICE ADDRESS (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2. **STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY** CITY STATE ZIP CODE

CA

3. **MAILING ADDRESS OF THE CORPORATION, IF REQUIRED** CITY STATE ZIP CODE

11755 Riverview Dr St Louis MO 63138

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

4. **CHIEF EXECUTIVE OFFICER/** ADDRESS CITY STATE ZIP CODE
Bernice Slaughter 11755 Riverview Dr St Louis MO 63138

5. **SECRETARY/** ADDRESS CITY STATE ZIP CODE
Pam Chipman 11755 Riverview Dr St Louis MO 63138

6. **CHIEF FINANCIAL OFFICER/** ADDRESS CITY STATE ZIP CODE
Paula Hayes 9270 Royal Palm Ave New Port Richey FL 34654

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 8 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 8 must be left blank.)

7. **NAME OF AGENT FOR SERVICE OF PROCESS** Sherman Lenseke of Lenseke, Keaske & Abramson 4400 Canoga Ave #315 Woodland Hills CA 91367

8. **STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL** CITY STATE ZIP CODE
4400 Canoga Ave #315 Woodland Hills CA 91367

DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT (California Civil Code section 1350, et seq.)

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10. **ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY** CITY STATE ZIP CODE

11. **FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT** 9-DIGIT ZIP CODE
(Complete if the business or corporate office is not on the site of the common interest development.)

12. **NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY** CITY STATE ZIP CODE

13. **THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

7/31/08 Katie Chamberlain
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM

VP Acctg Katie Chamberlain
TITLE SIGNATURE