2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# F05000000218

Entity Name: ALLIANCE FOR SCHOOL CHOICE, INC.

Current Principal Place of Business:

1660 L STREET, NW
1000
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1660 L STREET, NW
1000
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 52-2111508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MILLER, JENNIFER	
Address:	1660 L STREET, NW, SUITE 1000	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	CD	( ) Delete
Name:	OBERNDORF, WILLIAM	
Address:	591 REDWOOD HWY., #3215	
City-St-Zip:	MILL VALLEY, CA 94941	
Title:	SD	( ) Delete
Name:	FISHER, JOHN	
Address:	ONE MARITIME PLAZA #1400	
City-St-Zip:	SAN FRANCISCO, CA 94111	
Title:	VCD	( ) Delete
Name:	KIRTLEY, JOHN	
Address:	339 S PLANT AVE	
City-St-Zip:	TAMPA, FL 33606	
Title:	PD	( ) Delete
Name:	HOKANSON, CHARLES R JR	
Address:	1660 L STREET, NW, SUITE 1000	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	D	( ) Delete
Name:	MITCHELL, SUSAN	
Address:	2025 N. SUMMIT AVE, SUITE 103	
City-St-Zip:	MILWAUKEE, WI 53202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	SCHILLING, JOHN	
Address:	1660 L STREET, NW, SUITE 1000	
City-St-Zip:	WASHINGTON, DC 20036	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER MILLER T 04/16/2009

Electronic Signature of Signing Officer or Director — Date