

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006264

**Entity Name:** SCIENCE OF SPIRITUALITY S.E. INC.**Current Principal Place of Business:**4 SOUTH 175 NAPERVILLE-WHEATON ROAD  
NAPERVILLE, IL 60563**Current Mailing Address:**4 SOUTH 175 NAPERVILLE-WHEATON ROAD  
NAPERVILLE, IL 60563 US**FEI Number:** 59-1904820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title CD  
Name DUGGAL, SANT R.S.  
Address 69 BAYBROOK LANE  
City-State-Zip: OAKBROOK IL 60521

Title S  
Name LINKSMAN, JAY  
Address 4457 FENDER  
City-State-Zip: LISLE IL 60532

Title D  
Name GRUFT, JAMES  
Address 19 CHATHAM LANE  
City-State-Zip: OAKBROOK IL 60523

Title DIRECTOR  
Name KAISER, SIDNEY  
Address 30601 MCCORMICK LANE  
City-State-Zip: WARRENVILLE IL 60555

Title D  
Name GABOR, ANDREW  
Address 157 HAWKINS CIRCLE  
City-State-Zip: WHEATON IL 60189

Title TD  
Name SHARMA, AMAR NATH  
Address 4801 41ST STREET NW.  
City-State-Zip: WASHINGTON DC 20016

Title D  
Name ZASLOVE, MARSHALL  
Address 1115 3RD AVENUE  
City-State-Zip: NAPA CA 94558

Title DIRECTOR  
Name RAVENS, MICHAEL  
Address 1492 ERIC LANE  
City-State-Zip: EAST MEADOW NY 11554

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JAY LINKSMAN

VP/SECRETARY

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                RIBET, MICHAEL  
Address             3525 CASS CT.  
                       #617  
City-State-Zip:    OAK BROOK IL 60523

Title                 DIRECTOR  
Name                GLASSMAN, SANDRA  
Address             100 WOODBINE CIRCLE  
City-State-Zip:    NEEDHAM MA 02494-2152