

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000218

Entity Name: ALLIANCE FOR SCHOOL CHOICE, INC.**Current Principal Place of Business:**1660 L STREET, NW
1000
WASHINGTON, DC 20036**Current Mailing Address:**1660 L STREET, NW
1000
WASHINGTON, DC 20036**FEI Number:** 52-2111508**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER
Name MILLER, JENNIFER
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title VC
Name KIRTLEY, JOHN
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title CHAIRMAN
Name OBERNDORF, WILLIAM
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title SECRETARY
Name HUBBARD, KATHY
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name BARFIELD, LEE
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name ROBERTSON, SPENCER
Address 1660 L STREET, NW
 1000
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name LIEBREMAN, JOSEPH HON.
Address 1660 L STREET, NW SUITE 1000
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name BROWN, CAMPBELL
Address 1660 L STREET, NW STE 1000
City-State-Zip: WASHINGTON DC 20036

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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: JENNIFER MILLER**CFO/TREASURER****01/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHAVOUS, KEVIN P
Address 1660 L STREET, NW SUITE 1000
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name SHIVERICK, PAUL
Address 1660 L STREET, NW SUITE 1000
City-State-Zip: WASHINGTON DC 20036