

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002385

**Entity Name:** DISTINCTIVE SCHOOLS, INC.

**Current Principal Place of Business:**

910 W. VAN BUREN ST  
SUITE 315  
CHICAGO, IL 60607

**Current Mailing Address:**

910 W. VAN BUREN ST  
SUITE 315  
CHICAGO, IL 60607 US

**FEI Number:** 27-4967763

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SUNDSTROM, DAVID  
12029 CRANEFOOT DR  
JACKSONVILLE, FL 32223 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 CP  
Name STAFFORD, MARY  
Address 2288 IVERSON LANE  
City-State-Zip: CARLTON MN 55718

Title COO  
Name STAFFORD, MARY  
Address 2288 IVERSON LANE  
City-State-Zip: CARLTON MN 55718

Title VCVF  
Name WISE, JOSEPH  
Address 772 OCEAN PALM WAY  
City-State-Zip: ST AUGUSTINE FL 32082

Title CEO  
Name WISE, JOSEPH  
Address 772 OCEAN PALM WAY  
City-State-Zip: ST AUGUSTINE FL 32082

Title DST  
Name SUNDSTROM, DAVID  
Address 12029 CRANEFOOT DR  
City-State-Zip: JACKSONVILLE FL 32223

*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: DAVID M. SUNDSTROM**

**CHIEF COMPLIANCE  
OFFICER**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date