

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002385

Entity Name: DISTINCTIVE SCHOOLS, INC.**Current Principal Place of Business:**17 N STATE ST SUITE 1890
CHICAGO, IL 60602**Current Mailing Address:**17 N STATE ST SUITE 1890
CHICAGO, IL 60602**FEI Number:** 27-4967763**Certificate of Status Desired:** No**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	VCVP
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: MARY STAFFORD

COO

01/08/2014

Electronic Signature of Signing Officer/Director Detail_____
Date