

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000273

**Entity Name:** CHARTER SCHOOL CAPITAL, INC.

**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**1732941798CC**

**Current Principal Place of Business:**

1000 SW BROADWAY  
SUITE 1800  
PORTLAND, OR 97205

**Current Mailing Address:**

1000 SW BROADWAY  
SUITE 1800  
PORTLAND, OR 97205 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

UNISEARCH, INC.  
1990 MAIN STREET  
SUITE 750-709  
SARASOTA, FL 34236 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 DIRECTOR  
Name COBURN, BRAD  
Address 1000 SW BROADWAY  
SUITE 1800  
City-State-Zip: PORTLAND OR 97205

Title DIRECTOR  
Name GANTI, RISHI  
Address 250 WEST 55TH STREET  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name ELLIS, STUART  
Address 1000 SW BROADWAY  
SUITE 1800  
City-State-Zip: PORTLAND OR 97205

Title TREASURER  
Name COBURN, BRAD  
Address 1000 SW BROADWAY  
SUITE 1800  
City-State-Zip: PORTLAND OR 97205

Title SECRETARY  
Name COBURN, BRAD  
Address 1000 SW BROADWAY  
SUITE 1800  
City-State-Zip: PORTLAND OR 97205

Title PRESIDENT  
Name NILSSON, KIRT  
Address 1000 SW BROADWAY  
SUITE 1800  
City-State-Zip: PORTLAND OR 97205

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRAD COBURN**

**SECRETARY**

**04/20/2022**

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

\_\_\_\_\_  
Date