

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

DOCUMENT# F13000002385

**FILED**  
**Feb 21, 2015**  
**Secretary of State**  
**CC8839289551**

**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	Title	COO
Name	STAFFORD, MARY	Name	STAFFORD, MARY
Address	2288 IVERSON LANE	Address	2288 IVERSON LANE
City-State-Zip:	CARLTON MN 55718	City-State-Zip:	CARLTON MN 55718
Title	VCVP	Title	CEO
Name	WISE, JOSEPH	Name	WISE, JOSEPH
Address	772 OCEAN PALM WAY	Address	772 OCEAN PALM WAY
City-State-Zip:	ST AUGUSTINE FL 32082	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