No. <b>C 201815</b>		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ACADEMIC SPECIALTIES, INC.  8676 CONCORD CENTER DRIVE ENGLEWOOD CO 80112 USA		BOISE ID 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter N	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DAN WEINM	EYER	8676 CONCORD CENTER DRIVE	<b>ENGLEWOOD</b>	CO	USA	80112
DIRECTOR	NATHAN THIESFELD		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
SECRETARY	KYLE SAEWERT		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
DIRECTOR	KYLE SAEWE		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
DIRECTOR	MIKE PROPP		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
PRESIDENT	RONALD JOHNSON		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
DIRECTOR	RONALD JOHNSON		8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
TREASURER			8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
DIRECTOR	KERRY C GL	JNTHER	8676 CONCORD CENTER DRIVE	ENGLEWOOD	CO	USA	80112
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CO C 201815		Signature: Collin Giles		Date: 03/29/2018			
		Name (type or print): Collin Giles Title: POA					
Processed 03/29/2018		* Electronically pr	ovided signatures are accepted as original signal	gnatures.			