



LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: 1st Person Seminars Higher Education Consulting

SECRETARY OF STATE ID NUMBER: 1332251 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2017

Filing Office Use Only
E-Filed Annual Report
1332251
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3/28/2017 04:46
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SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Smith, Steven L.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY	4. REGISTERED OFFICE MAILING ADDRESS
<u>415 9th Avenue West</u>	<u>410 West Boulevard</u>
<u>Hendersonville, NC 28791-3500 Henderson Count</u>	<u>Laurinburg, NC 28352-4437</u>

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Educational Consulting & Seminar Leadership

2. PRINCIPAL OFFICE PHONE NUMBER: (910) 280-3247 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY	5. PRINCIPAL OFFICE MAILING ADDRESS
<u>415 9th Avenue West</u>	<u>PO Box 6446</u>
<u>Hendersonville, NC 28791-3500</u>	<u>Hendersonville, NC 28793-6446</u>

SECTION C: COMPANY OFFICIALS (Enter additional Company Officials in Section E.)

NAME: <u>Steven L Smith</u>	NAME: _____	NAME: _____
TITLE: <u>Chief Executive Officer</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>410 West Boulevard</u>	_____	_____
<u>Laurinburg, NC 28352-4437</u>	_____	_____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

<u>Steven L Smith</u>	<u>3/28/2017</u>
SIGNATURE	DATE

Form must be signed by a Company Official listed under Section C of this form.

<u>Steven L Smith</u>	<u>Chief Executive Officer</u>
Print or Type Name of Company Official	Print or Type The Title of the Company Official