



# State of California Secretary of State

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## STATEMENT OF INFORMATION <sup>14</sup> (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
in the office of the Secretary of State  
of the State of California

**MAY 16 2012**

1. LIMITED LIABILITY COMPANY NAME  
Interscholastic Trading Company, LLC

This Space For Filing Use Only

### File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER  
200408510105

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

### No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

### Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE  
1004A O'Reilly Avenue 3rd Floor  
CITY: San Francisco STATE: CA ZIP CODE: 94129

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5  
CITY: STATE: ZIP CODE:

7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)  
1004A O'Reilly Avenue 3rd Floor  
CITY: San Francisco STATE: CA ZIP CODE: 94129

### Name and Complete Address of the Chief Executive Officer, If Any

8. NAME: Melissa Rich ADDRESS: 1004A O'REILLY AVE CITY: SAN FRANCISCO STATE: CA ZIP CODE: 94129

### Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME: Melissa Rich ADDRESS: 90 Spring Grove Avenue CITY: San Anselmo CA STATE: CA ZIP CODE: 94960

10. NAME: ADDRESS: CITY: STATE: ZIP CODE:

11. NAME: ADDRESS: CITY: STATE: ZIP CODE:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS  
Melissa Rich

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL  
1004A O'Reilly Avenue, 3rd Floor. CITY: SF STATE: CA ZIP CODE: 94129

### Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY  
Provide capital goods inventory management services for schools and public agencies

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

01/13/2012

Melissa Rich

Managing Member

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE