

20-040665



**Secretary of State
Statement of Information**
(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

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FILED
Secretary of State
State of California

SEP 15 2020

IMPORTANT — Read instructions **before completing this form.**

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Associated Students of California State University, Chico

NF
This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C0190223

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box 101 HAZEL STREET BMU RM 218	City (no abbreviations) CHICO	State CA	Zip Code 95928
b. Mailing Address of Corporation, if different than item 3a 400 W 1ST ST, ASSOCIATED STUDENTS ADMIN OFF. 757	City (no abbreviations) CHICO	State CA	Zip Code 95929

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ BREANNA Address 101 HAZEL STREET BMU RM 218	First Name	Middle Name	Last Name HOLBERT City (no abbreviations) CHICO	State CA	Zip Code 95928	Suffix
b. Secretary JENNIFER Address 101 HAZEL STREET BMU RM 218	First Name	Middle Name	Last Name MENDOZA City (no abbreviations) CHICO	State CA	Zip Code 95928	Suffix
c. Chief Financial Officer/ AUSTIN Address 101 HAZEL STREET BMU RM 218	First Name	Middle Name	Last Name LAPIC City (no abbreviations) CHICO	State CA	Zip Code 95928	Suffix

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) JAMIE	Middle Name	Last Name CAMAREN	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 101 HAZEL STREET BMU RM 218	City (no abbreviations) CHICO	State CA	Zip Code 95928

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The information contained herein, including in any attachments, is true and correct.

9/10/2020
Date

SUSAN JENNINGS
Type or Print Name of Person Completing the Form

FINANCIAL DIR
Title

COPY