

**Office of the Secretary of State**

**CERTIFICATE OF FILING  
OF**

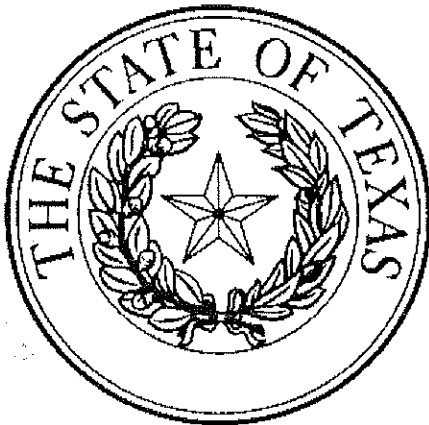
**AHEPA 29 EDUCATIONAL FOUNDATION INC.**  
File Number: 162914601

The undersigned, as Secretary of State of Texas, hereby certifies that the Nonprofit Periodic Report for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/19/2012

Effective: 09/19/2012

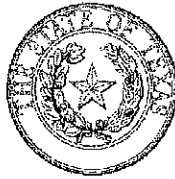


A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

**Form 802**  
**(Revised 08/12)**

Submit in duplicate to:  
Secretary of State  
Reports Unit  
P.O. Box 12028  
Austin, TX 78711-2028  
Phone: (512) 475-2705  
FAX: (512) 463-1423  
Dial: 7-1-1 for Relay Services  
**Filing Fee: See Instructions**



**Periodic Report**  
**of a**  
**Nonprofit Corporation**

This space reserved for filing office use.

**FILED**  
In the Office of the  
Secretary of State of Texas  
**SEP 19 2012**  
**Corporations Section**

**File Number:** 162914601

1. The name of the corporation is: *(A name change requires an amendment; see Instructions)*

AHEPA 29 EDUCATIONAL FOUNDATION, INC.

2. It is incorporated under the laws of: *(Set forth state or foreign country)*

Texas

3. The name of the registered agent is:

A. The registered agent is a corporation (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

Chris Kaitson

*First Name MI Last Name Suffix*

4. The registered office address, which is identical to the business address of the registered agent in Texas, is:  
*(Only use street or building address; see Instructions)*

5121 Jessamine St. Bellaire TX 77401

*Street Address City State Zip Code*

5. If the corporation is a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is:

*Street or Mailing Address City State Zip Code Country*

6. The names and addresses of all directors of the corporation are: *(A minimum of three directors is required.)*  
*(If additional space is needed, include the information as an attachment to this form for item 6.)*

see attached

*First Name MI Last Name Suffix*

*Street or Mailing Address City State Zip Code Country*

*First Name MI Last Name Suffix*

*Street or Mailing Address City State Zip Code Country*

*First Name MI Last Name Suffix*

*Street or Mailing Address City State Zip Code Country*

*First Name MI Last Name Suffix*

*Street or Mailing Address City State Zip Code Country*

7. The names, addresses, and titles of all officers of the corporation are: (The offices of president and secretary must be filled, but both may not be held by the same officer.)

(If additional space is needed, include the information as an attachment to this form for item 7.)

<i>see attached</i>					<b>Officer Title</b>
					President
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>		
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

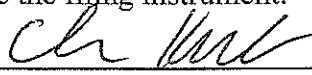
					<b>Officer Title</b>
					Secretary
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>		
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

					<b>Officer Title</b>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>		
<i>Street or Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

**Execution:**

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 9-17-12

  
 \_\_\_\_\_  
 Signature of authorized officer  
*Chris Kautson, President*

**PERIODIC REPORT – NON PROFIT CORPORATION**

**AHEPA 29 Educational Foundation, Inc.**

**Item 6:**

<b><u>Directors Names</u></b>	<b><u>Address</u></b>	<b><u>City/State/Zip</u></b>
Steve Caloudas	P.O. Box 10393	Houston, TX 77206
Don Davidson	P.O. Box 10393	Houston, TX 77206
Roxane Exezidis	P.O. Box 10393	Houston, TX 77206
Karl Geoca	P.O. Box 10393	Houston, TX 77206
Ted Geoca	P.O. Box 10393	Houston, TX 77206
Doug Harris	P.O. Box 10393	Houston, TX 77206
Vasso Jacomides	P.O. Box 10393	Houston, TX 77206
Chris Kaitson	P.O. Box 10393	Houston, TX 77206
Nick Kritikos	P.O. Box 10393	Houston, TX 77206
Manuel Maligas	P.O. Box 10393	Houston, TX 77206
Art Minas	P.O. Box 10393	Houston, TX 77206
Nick Patzakis	P.O. Box 10393	Houston, TX 77206
Gretchen Papazis	P.O. Box 10393	Houston, TX 77206
Chris Ramas	P.O. Box 10393	Houston, TX 77206

**Item 7:**

<b><u>Officers' Names</u></b>	<b><u>Address</u></b>	<b><u>City/State/Zip</u></b>	<b><u>Title</u></b>
Chris Kaitson	P.O. Box 10393	Houston, TX 77206	President
Vasso Jacomides	P.O. Box 10393	Houston, TX 77206	Vice President
Roxanne Dadinis	P.O. Box 10393	Houston, TX 77206	Secretary
Ted Geoca	P.O. Box 10393	Houston, TX 77206	Treasurer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Hope Andrade  
Secretary of State

Office of the Secretary of State  
Packing Slip

September 19, 2012  
Page 1 of 1

Chris Kaitson  
5121 Jessamine St.  
Bellaire, TX 77401

Batch Number: 44420433

Batch Date: 09-19-2012

Client ID: 404991299

Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
444204330002	Nonprofit Periodic Report	AHEPA 29 EDUCATIONAL FOUNDATION INC.	0	\$5.00
			<b>Total Fees:</b>	<b>\$5.00</b>

Payment Type	Payment Status	Payment Reference	Amount	
Check	Received	5255	\$5.00	
			<b>Total:</b>	<b>\$5.00</b>

**Total Amount Charged to Client Account: \$0.00**

(Applies to documents or orders where Client Account is the payment method)

*Note to Customers Paying by Client Account:* This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: BSMITH