

COVER SHEET

P W 1 0 9 3

S.E.C. Registration Number

C E N T R O E S C O L A R U N I V E R S I T Y

(Company's Full Name)

9 M E N D I O L A S T . S A N M I G U E L
M A N I L A

(Business Address : No. Street City / Town / Province)

Contact Person

8735-6861 to 71

Company Telephone Number

0 3

Month

3 1

Day

Fiscal Year

2 0 - I S

FORM TYPE

PRELIMINARY INFORMATION STATEMENT

0 7

Month

4th

Tuesday

Day

Annual Meeting

Secondary License Type, If Applicable

Dept. Requiring this Doc.

Amended Articles Number/Section

Total Amount of Borrowings

Total No. of Stockholders

Domestic

Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document I.D.

Cashier

STAMPS

Remarks = pls. use black ink for scanning purposes

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