

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
[Empty grid]
[Empty grid]
[Empty grid]

(Company's Full Name)

N O . 1 1 M E N D I O L A S T . S A N T I S T O
M A N I L A

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

[Empty box]

Contact Person

735-6861 to 71

Company Telephone Number

0 3 3 1
Month Day
Fiscal Year

2 3 - B
FORM TYPE

0 7 4th Tuesday
Month Day
Annual Meeting

[Empty box]

Secondary License Type, If Applicable

[Empty box]

Dept. Requiring this Doc.

[Empty box]

Amended Articles Number/Section

[Empty box]

Total No. of Stockholders

Total Amount of Borrowings

[Empty box]

Domestic

[Empty box]

Foreign

To be accomplished by SEC Personnel concerned

[Empty grid]

File Number

LCU

[Empty grid]

Document I.D.

Cashier

STAMPS

SECURITIES AND EXCHANGE COMMISSION
Metro Manila, Philippines

FORM 23-B

REVISED

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

Check box if no longer subject to filing requirement

1. Name and Address of Reporting Person TIONGCO LUCILA C. (Last) (First) (Middle) Unit C, Mariana Heights, 43 8th St. (Street) New Manila, Quezon City (City) (Province) (Postal Code)		2. Issuer Name and Trading Symbol CENTRO ESCOLAR UNIVERSITY (CEU)		7. Relationship of Reporting Person to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> 10% Owner <input type="checkbox"/> Other (give title below) (specify below)				
3. Tax Identification Number 165-365-598		5. Statement for Month/Year October 2009		6. If Amendment, Date of Original (Month/Year) -				
Table 1 - Equity Securities Beneficially Owned								
1. Class of Equity Security	2. Transaction Date (Month/Day/Year)	4. Securities Acquired (A) or Disposed of (D)			3. Amount of Securities Owned at End of Month		4. Ownership Form: Direct (U) or Indirect (I)	6. Nature of Indirect Beneficial Ownership
		Amount	(A) or (D)	Price	%	Number of Shares		
Common Stock	19-Oct-09	1,000	D	8.5	13.42	48,981,575	D	
Common Stock	20-Oct-09	48,981,575	D	7.7	0	0	D	

(Print or Type Responses)

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly.

- (1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:
 - (A) Voting power which includes the power to vote, or to direct the voting of, such security, and/or
 - (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.
- (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 - (A) held by members of a person's immediate family sharing the same household;
 - (B) held by a partnership in which such person is a general partner;
 - (C) held by a corporation of which such person is a controlling shareholder; or
 - (D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FOR (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., warrants, options, convertible securities)

1. Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yr)	4. Number of Derivative Securities Acquired (A) or Disposed of (D)		5. Date Exercisable and Expiration Date (Month/Day/Year)		6. Title and Amount of Underlying Securities		7. Price of Derivative Security	8. No. of Derivative Securities Beneficially Owned at End of Month	9. Ownership Form of Derivative Security; Direct (D) or Indirect (I) *	10. Nature of Indirect Beneficial Ownership
			Amount	(A) or (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
N/A												

Explanation of Responses:

_____ Date

Note: File three (3) copies of this form, one of which must be manually signed.
Attach additional sheets if space provided is insufficient.

**DISCLOSURE REQUIREMENTS
IN CASE OF MATERIAL CHANGES IN BENEFICIAL OWNERSHIP
(50% INCREASE/DECREASE OR EQUIVALENT TO 5% OF THE OUTSTANDING CAPITAL STOCK OF ISSUER)**

Item 1. Security and Issuer

State the title of the class of equity securities to which this Form relates and the name and address of the principal executive offices of the issuer of such

Item 2. Identity and Background

If the person filing this Form is a corporation, partnership, syndicate or other group of persons, state its name, the province, country or other place of its

- a. Name;
- b. Residence or business address;
- c. Present principal occupation or employment and the name, principal business and address of any corporation or other organization in which such employment is
- d. Whether or not, during the last five years, such person has been convicted in a criminal proceeding (excluding traffic violations or similar misdemeanors) and, if
- e. Whether or not, during the last five years, such person was a party to a civil proceeding of a judicial or administrative body of competent jurisdiction, domestic or
- f. Citizenship.

Item 3. Purpose of Transaction

State the purpose or purposes of the acquisition of securities of the issuer. Describe any plans or proposals which the reporting persons may have which relate to

- a. The acquisition by any person of additional securities of the issuer, or the disposition of securities of the issuer;
- b. An extraordinary corporate transaction, such as a merger, reorganization or liquidation, involving the issuer or any of its subsidiaries;
- c. A sale or transfer of a material amount of assets of the issuer or of any of its subsidiaries;
- d. Any change in the present board of directors or management of the issuer, including any plans or proposals to change the number or term of directors or to fill any
- e. Any material change in the present capitalization or dividend policy of the issuer;
- f. Any other material change in the issuer's business or corporate structure;
- g. Changes in the issuer's charter, bylaws or instruments corresponding thereto or other actions which may impede the acquisition of control of the issuer by any
- h. Causing a class of securities of the issuer to be delisted from a securities exchange;
- i. Any action similar to any of those enumerated above.

Item 4. Interest in Securities of the Issuer

- a. State the aggregate number and percentage of the class of securities identified pursuant to Item 1 beneficially owned (identifying those shares which there is a

- b. For each person named in response to paragraph (a), indicate the number of shares as to which there is sole power to vote or to direct the vote, shared power to
- c. Describe any transaction in the class of securities reported on that were effected during the past sixty (60) days by the persons named in response to paragraph
- d. If any other person is known to have the right to receive or the power to direct the receipt of dividends from, or the proceeds from the sale of such securities, a
- e. If the filing is an amendment reflecting the fact that the reporting person has ceased to be the beneficial owner of more than five (5%) percent of the class of

Item 5. Contracts, Arrangements, Understandings or Relationships with Respect to Securities of the Issuer


Describe any contract, arrangement, understanding or relationship among the person named in Item 2 and between such persons and any person with respect to

Item 6. Material to be Filed as Exhibits

Copies of all written agreements, contracts, arrangements, understandings, plans or proposals relating to:

- a. the acquisition of issuer control, liquidation, sale of assets, merger, or change in business or corporate structure or any other matter as disclosed in Item 3; and
- b. the transfer or voting of the securities, finder's fees, joint ventures, options, puts, calls, guarantees of loans, guarantees against losses or the giving or withholding

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Report is true, complete and accurate. This report is signed in Quezon City on October 21, 2009.



LUCILA C. TIONGCO

(Signature of Reporting Person)



St. Luke's
Medical Center
Quezon City

One of the World's Best

Maria Victoria G. Manuel, MD, FPCP, FPNA

Internal Medicine – Neurology
Suite 234 Medical Arts Building
St. Luke's Medical Center

CERTIFICATION

This is to certify that LUCILA CAUDAL TIONGCO, 85/F has been confined at St. Luke's Medical Center from February 11, 2009 up to the present due to:

Cerebrovascular Disease, Severe Infarction Right Middle Cerebral Artery Territory, S/P Hemicraniectomy
Cardiac Dysrhythmia, S/P Pacemaker Insertion


Current neurological status shows that she is awake, with regard and communicates through non-verbal means (signals). She has dense right hemiplegia and is dependent for all activities of daily living.

Truly yours,

MARIA VICTORIA G. MANUEL, MD, FPCP, FPNA
Attending Neurologist
October 20, 2009

SUBSCRIBED AND SWORN TO BEFORE ME IN THE CITY OF MAKATI THIS 21ST DAY OF OCTOBER 2009 BY MARIA VICTORIA G. MANUEL, WITH PRC No.0071598 ISSUED ON 9/20/1990~~000~~ AT MANILA, WHO IS THE SAME PERSON WHO PERSONALLY SIGNED BEFORE ME THE FOREGOING MEDICAL CERTIFICATE AND ACKNOWLEDGED THAT SHE EXECUTED THE SAME.

DOC. NO. 434 ;
PAGE NO. 088 ;
BOOK NO. viii ;
SERIES OF 2008.



ATTY. JOSE C. SALVOSA
Commission No. M-42
Notary Public for Makati City
Until December 31, 2009
30th Flr. Citibank Tower
8741 Paseo De Roxas, Makati City
Roll No. 52751
PTR No. 1569468 / 1-6-09 / Makati
IBP No. 764034 / 1-5-09 / QC

ATTN: RITA

300-2027



Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
Manila



PROFESSIONAL IDENTIFICATION CARD

LAST NAME ▶ **MANUEL**
FIRST NAME ▶ **MARIA VICTORIA**
MIDDLE INITIAL/NAME ▶ **G**
REGISTRATION NO. ▶ **0071598**
REGISTRATION DATE ▶ **09/20/1990**
VALID UNTIL ▶ **12/22/2012**



PHYSICIAN



12221964
08/25/2009

Luke's Medical Center
Medical Staff Organization

Verified by: _____

Jfs
9-24-09