

1.) CORPORATION NAME:

**THE AMERICAN BOARD OF REGISTRATION  
OF ELECTROENCEPHALOGRAPHIC AND EVOKED  
POTENTIAL TEC**

DUE DATE: **8/31/2011**

SCC ID NO: **03798634**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2509 W ILES AVENUE  
STE 102

CITY/ST/ZIP: SPRINGFIELD, IL 62704-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARJORIE TUCKER	
TITLE:	PRESIDENT	
ADDRESS:	200 HAWKINS DR RCP 10151	
CITY/ST/ZIP/CO:	IOWA CITY, IA 52242-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARET WALCOFF	
TITLE:	TREASURER	
ADDRESS:	11 COUNTRY MOUNTAIN RD	
CITY/ST/ZIP/CO:	ASHEVILLE, NC 28803-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KELLE TRICE	
TITLE:	SECRETARY	
ADDRESS:	108 ULRICH LANE	
CITY/ST/ZIP/CO:	ELKTON, MD 21921-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN EDWARDS	
TITLE:	DIRECTOR	
ADDRESS:	96 JONATHAN LUCAS ST. CLB SUITE 307	
CITY/ST/ZIP/CO:	CHARLESTON, SC 29425-	

NAME:	DAVID EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	.GREAT RIVER HEALTH SYSTEM 1221 SOUTH GEAR AVE		
CITY/ST/ZIP/CO:	WEST BURLINGTON, IA 52655-		

NAME:	DIANE LIESEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SCHOOL OF END 800 E. CARPENTER ST.		
CITY/ST/ZIP/CO:	SPRINGFIELD, IL 62769-		

NAME:	LISA LOVELY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 E. MEDICAL CENTER DR. UH 1B300		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48109-		

NAME:	VICKI LOVING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	GENESIS MEDICAL CENTER 1227 E. RUSHOLME ST.		
CITY/ST/ZIP/CO:	DAVENPORT, IA 52803-		

NAME:	CYNTHIA MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SCOTT & WHITE HEALTHCARE 302 UNIVERSITY BLVD		
CITY/ST/ZIP/CO:	ROUND ROCK, TX 78665-		

NAME:	SAURABH SINHA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DUKE UNIVERSITY MEDICAL CTR BOX 102350		
CITY/ST/ZIP/CO:	DURHAM, NC 27710-		

NAME:	AMIT VERMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6565 FANNIN STREET ST802		
CITY/ST/ZIP/CO:	HOUSTON, TX 77030-		

NAME:	LOIS WALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DUKE HOSPITAL 4TH FLOOR, DUKE NORTH		
CITY/ST/ZIP/CO:	DURHAM, NC 27710-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MARJORIE TUCKER</u>	<u>MARJORIE TUCKER, PRESIDENT</u>	<u>7/1/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.