

1.) CORPORATION NAME:

GRADUATE MANAGEMENT ADMISSION COUNCIL

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **05163993**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11921 FREEDOM DRIVE
SUITE 300

CITY/ST/ZIP: RESTON, VA 20190

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.

NAME: RAMESH THADANI TITLE: EVP MARKET DVLP ADDRESS: 11921 FREEDON DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHERRI SAMPSON TITLE: LEGAL CNSL/SEC ADDRESS: 11921 FREEDON DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DINA DOMMETT TITLE: CHAIRMAN ADDRESS: REGENTS PARK CITY/ST/ZIP/CO: LONDON NW1 4SA, , GB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SHELLI ARNOLD TITLE: COO ADDRESS: 11921 FREEDON DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARGARET JOBST TITLE: EVP, GMAT ADDRESS: 11921 FREEDON DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SAMUEL REIMER TITLE: CFO ADDRESS: 11921 FREEDON DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROSECRANS CIO 11921 FREEDOM DRIVE, STE 300 RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM BRADY DIRECTOR 191 PEACHTREE STREET, N.E. SUITE 2000 ATLANTA, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN FERGUSON DIRECTOR SBM DEANS OFS., ROOM 7014 HK CLEARWTER BAYKOWLOON, , HK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN GLAZERMAN DIRECTOR 200 PLAZA DRIVE SECAUCUS, NJ 07094	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGUERITE BISHOP LANE DIRECTOR 3730 WALNUT STREET PHILADELPHIA, PA 19104-6340	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	XIONGWEN LU DIRECTOR 10F LIDASAN BLDG, 670 GUOSHUN ROAD SHANGHAI, , CN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSEMARIE MECCA DIRECTOR 12668 EAST APPALOOSA PLACE SCOTTSDALE, AZ 85259	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE POON VICE CHAIRMAN 201 FISHER HALL, 2100 NEIL AVENUE COLUMBUS, OH 43210	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AJIT RANGNEKAR DIRECTOR GACHIBOWLI, ANDHRA PRADESH , , IN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALFONS SAUQUET DIRECTOR AV PEDRALBES 60-62 BARCELONA, 08034, ES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAY WHITTINGTON DIRECTOR 1 EAST JACKSON BLVD, STE 7100 CHICAGO, IL 60604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SANGEET CHOWFLA TITLE: PRESIDENT ADDRESS: 11921 FREEDOM DRIVE, STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOM BUIOCCHI TITLE: DIRECTOR ADDRESS: 798 ARROYO ROAD CITY/ST/ZIP/CO: LOS ALTOS, CA 94024	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: J. MICHAEL HARDIN TITLE: DIRECTOR ADDRESS: 361 STADIUM DRIVE CITY/ST/ZIP/CO: TUSCALOOSA, AL 35487	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TOBY MCCHESENEY TITLE: DIRECTOR ADDRESS: 35 BROAD STREET SUITE 612 CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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.	
/s/ SHERRI SAMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHERRI SAMPSON, LEGAL CNLSL/SEC PRINTED NAME AND CORPORATE TITLE
6/6/2014 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.	