

1.) CORPORATION NAME:

**Primary Source Learning, Inc.**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHERRY LEVITT  
PRIMARY SOURCE LEARNING, INC.  
11244 WAPLES MILL ROAD, G-2**

SCC ID NO: **06781884**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**FAIRFAX, VA 22030**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11244 Waples Mill Road  
Suite G-2

CITY/ST/ZIP: Fairfax, VA 22030

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:	GLORIA GUBA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	c/o 11244 Waples Mill Rd. Suite G-2 Fairfax, VA 22030		
CITY/ST/ZIP/CO:			

NAME:	CAROL HORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	c/o 11244 Waples Mill Rd. Suite G-2 Fairfax, VA 22030		
CITY/ST/ZIP/CO:			

NAME:	PEGGY KOPLITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 11244 Waples Mill Rd. Suite G-2 Fairfax, VA 22030		
CITY/ST/ZIP/CO:			

NAME:	SHERRY LEVITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 N. FAIRFAX DR STE 218 ARLINGTON, VA 22201		
CITY/ST/ZIP/CO:			

NAME:	Craig Herring	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o 11244 Waples Mill Rd. Suite G-2 Fairfax, VA 22030		
CITY/ST/ZIP/CO:			

NAME: Laurie Baker TITLE: DIRECTOR ADDRESS: c/o 11244 Waples Mill Rd. Suite G-2 CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert Smith TITLE: DIRECTOR ADDRESS: c/o 11244 Waples Mill Rd. Suite G-2 CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Sarah Whelan TITLE: DIRECTOR ADDRESS: c/o 11244 Waples Mill Rd. Suite G-2 CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jeanne Seabridge TITLE: DIRECTOR ADDRESS: c/o 11244 Waples Mill Rd. Suite G-2 CITY/ST/ZIP/CO: Fairfax, VA 22030	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Charlie Makela TITLE: SECRETARY ADDRESS: c/o 11244 Waples Mill Rd. Suite G-2 CITY/ST/ZIP/CO: Fairfax, VA 22030	<input checked="" 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/ SHERRY LEVITT	SHERRY LEVITT, DIRECTOR	6/11/2012
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.		