

1.) CORPORATION NAME:

R. L. POLK & CO.

DUE DATE: **11/30/2010**

SCC ID NO: **F0158552**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26955 NORTHWESTERN HIGHWAY

CITY/ST/ZIP: SOUTHFIELD, MI 48033-

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: STEPHEN R POLK
TITLE: PRESIDENT
ADDRESS: 26955 NORTHWESTERN HWY
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033-

OFFICER

DIRECTOR

NAME: LINDA RUNSON
TITLE: VP/TREASURER
ADDRESS: 26955 NORTHWESTERN HWY
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033-

OFFICER

DIRECTOR

NAME: MICHELLE GOFF
TITLE: SVP/CFO
ADDRESS: 26955 NORTHWESTERN HWY
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033-

OFFICER

DIRECTOR

NAME: NANCY K POLK
TITLE: DIRECTOR
ADDRESS: 26955 NORTHWESTERN HIGHWAY
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033-

OFFICER

DIRECTOR

NAME: PATRICK BARRETT
TITLE: SECRETARY
ADDRESS: 26955 NORTHWESTERN HIGHWAY
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES G MCCLURE DIRECTOR 26955 NORTHWESTERN HWY. SOUTHFIELD, MI 48033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK INATOME DIRECTOR 26955 NORTHWESTERN HWY. SOUTHFIELD, MI 48033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
------------------------------------------------	------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID COLE, PH.D. DIRECTOR 26955 NORTHWESTERN HWY. SOUTHFIELD, MI 48033-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. MICHAEL MOORE DIRECTOR 26955 NORTHWESTERN HWY. SOUTHFIELD, MI 48033-	<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/ LINDA RUNSON	LINDA RUNSON, VP/TREASURER	10/22/2010
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.