

1.) CORPORATION NAME:

R. L. POLK & CO.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F0158552**

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: 26533 EVERGREEN ROAD
STE 900

CITY/ST/ZIP: SOUTHFIELD, MI 48076

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:	STEPHEN R POLK	
TITLE:	PRESIDENT	
ADDRESS:	26533 EVERGREEN RD. SUITE 900	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48076	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA RUNSON	
TITLE:	VP/TREASURER	
ADDRESS:	26533 EVERGREEN RD. SUITE 900	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48076	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK BARRETT	
TITLE:	SECRETARY	
ADDRESS:	26533 EVERGREEN RD. SUITE 900	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48076	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHELLE GOFF	
TITLE:	SVP/CFO	
ADDRESS:	26533 EVERGREEN RD. SUITE 900	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48076	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID COLE, PH.D.	
TITLE:	DIRECTOR	
ADDRESS:	26533 EVERGREEN RD. SUITE 900	
CITY/ST/ZIP/CO:	SOUTHFIELD, MI 48076	

NAME: RICK INATOME TITLE: DIRECTOR ADDRESS: 26533 EVERGREEN RD. SUITE 900 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48076	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLES G MCCLURE TITLE: DIRECTOR ADDRESS: 26533 EVERGREEN RD. SUITE 900 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48076	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J. MICHAEL MOORE TITLE: DIRECTOR ADDRESS: 26533 EVERGREEN RD. SUITE 900 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48076	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHERINE OSBORNE POLK TITLE: DIRECTOR ADDRESS: 26533 EVERGREEN RD. SUITE 900 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48076	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: NANCY K POLK TITLE: DIRECTOR ADDRESS: 26533 EVERGREEN RD. SUITE 900 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48076	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LINDA RUNSON, VP/TREASURER PRINTED NAME AND CORPORATE TITLE	10/9/2012 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.		