

1.) CORPORATION NAME:

SIMON & SCHUSTER, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **F0316440**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: **C/O ADRIENNE HARRINGTON
51 W 52ND ST**

CITY/ST/ZIP: **NEW YORK, NY 10019-**

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: CAROLYN K REIDY
TITLE: P/CEO
ADDRESS: 1230 AVE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10020-

OFFICER DIRECTOR

NAME: LOUIS J BRISKMAN
TITLE: EVP/ASSIST SEC
ADDRESS: 51 W 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: DENNIS S EULAU
TITLE: EVP/CFO
ADDRESS: 1230 AVE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10020-

OFFICER DIRECTOR

NAME: MICHAEL A KOCZKO
TITLE: ASST SECRETARY
ADDRESS: 51 W 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: ANGELINE C STRAKA
TITLE: SVP/SECRETARY
ADDRESS: 51 W 52ND ST
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER DIRECTOR

NAME: J. KENNETH HILL TITLE: SVP/TREASURER ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH R. IANNIELLO TITLE: EVP ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC J. SOBCZAK TITLE: ASST SECRETARY ADDRESS: 20 STANWIX STREET CITY/ST/ZIP/CO: PITTSBURGH, PA 15222-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: THOMAS S. SHILEN, JR. TITLE: SVP/CONTRLR/CAO ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LISA M. TANZI TITLE: VP/ASST SECY ADDRESS: 51 W 52ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ELISA M. RIVLIN TITLE: SVP/GEN COUNSEL ADDRESS: 1230 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10020-	<input checked="" type="checkbox"/> OFFICER <input 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/ ERIC J. SOBCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ERIC J. SOBCZAK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
2/8/2011 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.	