

1.) CORPORATION NAME:

NCS Pearson, Inc.

DUE DATE: **10/29/2010**

SCC ID NO: **F0593121**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

201 N. UNION ST. STE 140

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5601 GREEN VALLEY DRIVE

CITY/ST/ZIP: BLOOMINGTON, MN 55437-1099

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: ROBERT L DANCY
TITLE: VICE PRESIDENT
ADDRESS: ONE LAKE ST
CITY/ST/ZIP/CO: UPPER SADDLE RIVER, NJ 07458-

OFFICER

DIRECTOR

NAME: SCOTT A MARBLE
TITLE: VP/T
ADDRESS: 6090 W 16TH ST
CITY/ST/ZIP/CO: ST LOUIS PARK, MN 55416-

OFFICER

DIRECTOR

NAME: STEVEN A WELLS
TITLE: S/GC
ADDRESS: 5915 N JONQUIL LANE
CITY/ST/ZIP/CO: PLYMOUTH, MN 55442-

OFFICER

DIRECTOR

NAME: DEBRA L RISCH
TITLE: ASST TREASURER
ADDRESS: 9260 OVERLOOK TRAIL
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55347-

OFFICER

DIRECTOR

NAME: DOUGLAS KUBACH
TITLE: PRESIDENT
ADDRESS: 5601 GREEN VALLEY DR
CITY/ST/ZIP/CO: BLOOMINGTON, MN 55437-1099

OFFICER

DIRECTOR

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM BROOKS		
TITLE:	VICE PRESIDENT		
ADDRESS:	1 LAKE ST		
CITY/ST/ZIP/CO:	UPPER SADDLE RIVER, NJ 07458-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHILIP HOFFMAN		
TITLE:	DIRECTOR		
ADDRESS:	1 LAKE ST		
CITY/ST/ZIP/CO:	UPPER SADDLE RIVER, NJ 07458-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GEOREGE WERNER		
TITLE:	DIRECTOR		
ADDRESS:	1 LAKE ST		
CITY/ST/ZIP/CO:	UPPER SADDLE RIVER, NJ 07458-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS WHARTON		
TITLE:	VICE PRESIDENT		
ADDRESS:	1330 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019-		

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.

<u>/s/ DEBRA L RISCH</u>	<u>DEBRA L RISCH, ASST</u>	<u>10/17/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.