

1.) CORPORATION NAME:

NCS Pearson, Inc.

DUE DATE: **10/31/2011**

SCC ID NO: **F0593121**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: WILLIAM BROOKS
TITLE: VICE PRESIDENT
ADDRESS: 1 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: THOMAS WHARTON
TITLE: VICE PRESIDENT
ADDRESS: 1330 AVENUE OF THE AMERICAS
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: STEVEN A WELLS TITLE: S/GC ADDRESS: 5915 N JONQUIL LANE CITY/ST/ZIP/CO: PLYMOUTH, MN 55442-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DEBRA L RISCH TITLE: ASST TREASURER ADDRESS: 9260 OVERLOOK TRAIL CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55347-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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
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NAME: GEOREGE WERNER TITLE: DIRECTOR ADDRESS: 1 LAKE ST CITY/ST/ZIP/CO: UPPER SADDLE RIVER, NJ 07458-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ DEBRA L RISCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA L RISCH, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	10/10/2011 DATE
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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.