

1.) CORPORATION NAME:

**NCS Pearson, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0593121**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	5601 GREEN VALLEY DR		
CITY/ST/ZIP/CO:	BLOOMINGTON, MN 55437-1099		

NAME:	ROBERT L DANCY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE LAKE ST		
CITY/ST/ZIP/CO:	UPPER SADDLE RIVER, NJ 07458		

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

NAME:	SCOTT A MARBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	6090 W 16TH ST		
CITY/ST/ZIP/CO:	ST LOUIS PARK, MN 55416		

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

NAME:	STEVEN A WELLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/GC		
ADDRESS:	5915 N JONQUIL LANE		
CITY/ST/ZIP/CO:	PLYMOUTH, MN 55442		

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	
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 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/ DEBRA L RISCH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEBRA L RISCH, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	9/28/2012 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.		