

1.) CORPORATION NAME: FOLLETT HIGHER EDUCATION GROUP, INC.	DUE DATE: 3/31/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLENN ALLEN, VA	SCC ID NO: F0608697		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		
4.) STATE OR COUNTRY OF INCORPORATION: IL			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2233 WEST STREET

CITY/ST/ZIP: RIVER GROVE, IL 60171

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: TOM CHRISTOPHER TITLE: PRESIDENT ADDRESS: 2233 WEST STREET CITY/ST/ZIP/CO: RIVER GROVE, IL 60171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: Tim Henrichs TITLE: TREASURER ADDRESS: 2233 WEST STREET CITY/ST/ZIP/CO: RIVER GROVE, IL 60171	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: D A MCMAHON TITLE: SECRETARY ADDRESS: 2233 WEST STREET CITY/ST/ZIP/CO: RIVER GROVE, IL 60171	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: ALISON OHARA TITLE: DIRECTOR ADDRESS: 2233 WEST ST CITY/ST/ZIP/CO: RIVER GROVE, IL 60171	<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/ D A MCMAHON	D A MCMAHON, SECRETARY	4/9/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.