

1.) CORPORATION NAME:

EDUCATIONAL TESTING SERVICE

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1177924**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: c/o Educational Testing Service
666 ROSEDALE RD, MS 15-C

CITY/ST/ZIP: PRINCETON, NJ 08541

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:	KURT M LANDGRAF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	c/o Educational Testing Service		
	666 ROSEDALE RD, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	DIANE A BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	c/o Educaational Testing Service		
	666 ROSEDALE RD, MS-15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	JOHN BASEHORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	c/o Educational Testing Service		
	666 ROSEDALE RD, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	JACK HAYON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	c/o Educational Testing Service		
	666 ROSEDALE RD, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	GLENN C. SCHROEDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GEN COUNSEL		
ADDRESS:	c/o Educational Testing Service		
	666 ROSEDALE RD, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	DR. MELVIN N. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o Educational Testing Service 666 ROSEDALE RD, MS 15-C PRINCETON, NJ 08541		
CITY/ST/ZIP/CO:			

NAME:	DR. MERIA CARSTARPHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o Educational Testing Service 666 ROSEDAL RD, MS 15-C PRINCETON, NJ 08541		
CITY/ST/ZIP/CO:			

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/ GLENN C. SCHROEDER	GLENN C. SCHROEDER, GEN	5/22/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	COUNSEL 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.