

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

**EDUCATIONAL TESTING SERVICE**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1177924**

**CORPORATION SERVICE COMPANY**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

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:	Dr. Walter MacDonald	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICE		
CITY/ST/ZIP/CO:	666 ROSEDALE RD, MS 15-C PRINCETON, NJ 08541		

NAME:	DIANE A BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICE		
CITY/ST/ZIP/CO:	666 ROSEDALE RD, MS-15-C PRINCETON, NJ 08541		

NAME:	JOHN BASEHORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICE		
CITY/ST/ZIP/CO:	666 ROSEDALE RD, MS 15-C PRINCETON, NJ 08541		

NAME:	JACK HAYON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICE		
CITY/ST/ZIP/CO:	666 ROSEDALE RD, MS 15-C 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		
CITY/ST/ZIP/CO:	666 ROSEDALE RD, MS 15-C PRINCETON, NJ 08541		

NAME:	Robert S. Murley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICE		
	666 ROSEDALE RD, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

NAME:	David A. Hobson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	C/O EDUCATIONAL TESTING SERVICES		
	666 Rosedale Road, MS 15-C		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08541		

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/ David A. Hobson	David A. Hobson,	5/7/2014
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.