

1.) CORPORATION NAME:

**comScore, Inc.**

DUE DATE: **9/30/2010**

SCC ID NO: **F1394669**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11950 DEMOCRACY DR STE 600

CITY/ST/ZIP: RESTON, VA 20190-

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: MAGID ABRAHAM  
TITLE: P/CEO  
ADDRESS: 11950 DEMOCRACY DR  
STE 600  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: GIAN FULGONI  
TITLE: EXEC CHR MN  
ADDRESS: 233 S WACKER DR STE 3400  
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER

DIRECTOR

NAME: KENNETH TARPEY  
TITLE: CFO  
ADDRESS: 11950 DEMOCRACY DR  
STE 600  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: JEFFREY GANEK  
TITLE: DIRECTOR  
ADDRESS: 11950 DEMOCRACY DR  
STE 600  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: JARL MOHN  
TITLE: DIRECTOR  
ADDRESS: 11950 DEMOCRACY DR  
STE 600  
CITY/ST/ZIP/CO: RESTON, VA 20190-

OFFICER

DIRECTOR

NAME: BRUCE GOLDEN TITLE: DIRECTOR ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM HENDERSON TITLE: DIRECTOR ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM KATZ TITLE: DIRECTOR ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD KORN TITLE: DIRECTOR ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHRISTIANA LIN TITLE: SECRETARY ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GREGORY DALE TITLE: COO ADDRESS: 11950 DEMOCRACY DR STE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<input checked="" type="checkbox"/> OFFICER <input 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/ CHRISTIANA LIN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTIANA LIN, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	10/27/2010 _____ 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.		