

1.) CORPORATION NAME:

comScore, Inc.

DUE DATE: **9/30/2011**

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: CHRISTIANA LIN
TITLE: SECRETARY
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: GREGORY DALE
TITLE: COO
ADDRESS: 11950 DEMOCRACY DR
STE 600
CITY/ST/ZIP/CO: RESTON, VA 20190-

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-	<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: JARL MOHN 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: GARETH C.C. CHANG TITLE: DIRECTOR ADDRESS: 11950 DEMOCRACY DRIVE SUITE 600 CITY/ST/ZIP/CO: RESTON, VA 20190-	<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/ CHRISTIANA LIN	CHRISTIANA LIN, SECRETARY	9/15/2011
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.		