

1.) CORPORATION NAME:

**Blackboard Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1434309**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	30,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 650 MASSACHUSETTS AVE NW  
6TH FLOOR

CITY/ST/ZIP: WASHINGTON, DC 20001

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:	MICHAEL CHASEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	650 MASSACHUSETTS AVE NW		
	6TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME:	MATTHEW SMALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/VP		
ADDRESS:	650 MASSACHUSETTS AVE NW		
	6TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME:	BILL DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	650 MASSACHUSETTS AVE NW		
	6TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME:	STEVEN ALESIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 MASSACHUSETTS AVE NW		
	6TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME:	Peter Wilde	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	650 MASSACHUSETTS AVE NW		
	6TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID PHILLIPS DIRECTOR 650 Massachusetts Ave NW 6TH FLOOR Washington, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES GOTTDIENER DIRECTOR 650 Massachusetts Ave NW 6TH FLOOR WASHINGTON, DC 20001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN NAPACK DIRECTOR 650 Massachusetts Ave NW 6TH FLOOR Washington, DC 20001	<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/ MATTHEW SMALL	MATTHEW SMALL, S/VP	7/31/2012	
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.			