

1.) CORPORATION NAME:

THE UNIVERSITY OF PHOENIX, 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: **F1479486**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4025 S RIVERPOINT PKWY
CF-KX01

CITY/ST/ZIP: PHOENIX, AZ 85040

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:	WILLIAM PEPICELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4025 S RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	MATTHEW BECKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	RUSS PADEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	BRIAN L. SWARTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	MARY BETH ORSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4025 S RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME:	LAURA EICHELSDERFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA M FAIRFIELD ASST SECRETARY 4025 S RIVERPOINT PKWY PHOENIX, AZ 85040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH L D'AMICO DIRECTOR 4025 S RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL ASLANIAN DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L. BURTON DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY CAPPELLI DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MERRILEE LEWIS ENGEL DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CELESTINO FERNANDEZ DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVERETTE J. FREEMAN DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY GIBBONS DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM GOODLING DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY A. HERBERGER DIRECTOR 4025 S. RIVERPOINT PKWY PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN G. SPERLING TITLE: DIRECTOR ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sean B.W. Martin TITLE: ASST SECRETARY ADDRESS: 4025 S. Riverpoint Parkway CITY/ST/ZIP/CO: Phoenix, AZ 85040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Alan Drimmer TITLE: VP/PROVOST ADDRESS: 4025 S. Riverpoint Parkway CITY/ST/ZIP/CO: Phoenix, AZ 85040	<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/ PATRICIA M FAIRFIELD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA M FAIRFIELD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/26/2012 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.		