

1.) CORPORATION NAME:

Capella University, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F1582297**

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	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 S SIXTH STREET
FLOOR 9

CITY/ST/ZIP: MINNEAPOLIS, MN 55402-

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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KIMBERLY STEPHAN		
TITLE:	SECRETARY		
ADDRESS:	225 S 6TH ST FLOOR 9		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	AMY RONNEBERG		
TITLE:	TREASURER		
ADDRESS:	225 S 6TH ST FLOOR 9		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BERTICE BERRY		
TITLE:	DIRECTOR		
ADDRESS:	225 S 6TH ST FLOOR 9		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIE GARRETT		
TITLE:	DIRECTOR		
ADDRESS:	225 S 6TH ST FLOOR 9		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J. KEVIN GILLIGAN		
TITLE:	DIRECTOR		
ADDRESS:	225 S 6TH ST FLOOR 9		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402-		

NAME: ELENA KAYS TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DEBORAH BUSHWAY TITLE: INT UNIV PRES ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT FOX TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARCIA BALLINGER TITLE: CHAIRMAN ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RUSSELL DECKER TITLE: DIRECTOR ADDRESS: 225 S 6TH ST FLOOR 9 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55402-	<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.	
<u>/s/ KIMBERLY STEPHAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KIMBERLY STEPHAN,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE
<u>3/15/2011</u> 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.	