

1.) CORPORATION NAME:

**Capella University, Inc.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1582297**

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 checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT KINNEY	
TITLE:	PRESIDENT	
ADDRESS:	225 S 6TH ST FLOOR 9	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402	

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TODD SORENSEN	
TITLE:	SECRETARY	
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:	CLIFF BUTLER	
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:	CARMEN COBALLES VEGA	
TITLE:	DIRECTOR	
ADDRESS:	225 S 6TH ST FLOOR 9	
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55402	

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
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: 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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KEITH HAMPSON 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.		
/s/ TODD SORENSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD SORENSEN, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/2/2012 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.		