

1.) CORPORATION NAME:

The Education Resources Institute, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1626862**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 Cambridgepark Dr. #8102

CITY/ST/ZIP: Cambridge, MA 02140

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: JANE N DIXON TITLE: SECRETARY ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM G DAVIDSON TITLE: PRESIDENT ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HOWARD JACOBSON TITLE: DIRECTOR ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sherry Penney TITLE: DIRECTOR ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Neal Finnegan TITLE: DIRECTOR ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sylvia Simmons TITLE: DIRECTOR ADDRESS: 30 Cambridgepark Dr. #8102 CITY/ST/ZIP/CO: Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara Tornow DIRECTOR 30 Cambridgepark Dr. #8102 Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Grace Fey DIRECTOR 30 Cambridgepark Dr. #8102 Cambridge, MA 02140	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JANE N DIXON	JANE N DIXON, SECRETARY	9/25/2012
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.