

1.) CORPORATION NAME:

New Teacher Center

DUE DATE: **6/30/2011**

SCC ID NO: **F1794231**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

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

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 725 FRONT STREET SUITE 400

CITY/ST/ZIP: SANTA CRUZ, CA 95060-

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: ELLEN MOIR
TITLE: P/CEO
ADDRESS: 725 FRONT STREET SUITE 400
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER

DIRECTOR

NAME: ANGELA COVERT
TITLE: DIRECTOR
ADDRESS: 725 FRONT STREET SUITE 400
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER

DIRECTOR

NAME: LANCE FORS
TITLE: DIRECTOR
ADDRESS: 725 FRONT ST STE 400
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER

DIRECTOR

NAME: GARFIELD BYRD
TITLE: CFO
ADDRESS: 725 FRONT STREET SUITE 400
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER

DIRECTOR

NAME: ROGER KING
TITLE: TREASURER
ADDRESS: 725 FRONT STREET SUITE 400
CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-

OFFICER

DIRECTOR

NAME: KENJI HAKUTA TITLE: SECRETARY ADDRESS: 725 FRONT STREET, SUITE 400 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE MIKUTA TITLE: DIRECTOR ADDRESS: 725 FRONT STREET, SUITE 400 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROD MCCOWAN TITLE: DIRECTOR ADDRESS: 725 FRONT STREET, SUITE 400 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARSHALL SMITH TITLE: DIRECTOR ADDRESS: 725 FRONT STREET, SUITE 400 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GARY SYMAN TITLE: DIRECTOR ADDRESS: 725 FRONT STREET, SUITE 400 CITY/ST/ZIP/CO: SANTA CRUZ, CA 95060-	<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/ GARFIELD BYRD	GARFIELD BYRD, CFO
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	