

1.) CORPORATION NAME:

New Teacher Center

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1794231**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	725 FRONT STREET SUITE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

NAME:	KENJI HAKUTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	725 FRONT STREET, SUITE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

NAME:	ROGER KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	725 FRONT STREET SUITE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

NAME:	SUE A PERKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	725 FRONT STREET SUITE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

NAME:	ANGELA COVERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	725 FRONT STREET SUITE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

NAME:	LANCE FORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	725 FRONT ST STE 400		
CITY/ST/ZIP/CO:	SANTA CRUZ, CA 95060		

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: 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: 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/ SUE A PERKINS	SUE A PERKINS, CFO	6/15/2012
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.		