

1.) CORPORATION NAME:

Element K Corporation

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA 23114**

SCC ID NO: **F1816273**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
COMNV	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 107 NORTHEASTERN BLVD

CITY/ST/ZIP: NASHUA, NH 03062

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: CHARLES MORAN TITLE: PRESIDENT ADDRESS: 107 NORTHEASTERN BLVD. CITY/ST/ZIP/CO: NASHUA, NH 03062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: COLM DARCY TITLE: VICE PRESIDENT ADDRESS: 107 NORTHEASTERN BLVD. CITY/ST/ZIP/CO: NASHUA, NH 03062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK TOWNSEND TITLE: PRESIDENT ADDRESS: 107 NORTHEASTERN BLVD. CITY/ST/ZIP/CO: NASHUA, NH 03062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS J. MCDONALD TITLE: SECRETARY ADDRESS: 107 NORTHEASTERN BLVD. CITY/ST/ZIP/CO: NASHUA, NH 03062	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL ASCIONE TITLE: DIRECTOR ADDRESS: 107 NORTHEASTERN BLVD. CITY/ST/ZIP/CO: NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID HUMPHREY TITLE: DIRECTOR ADDRESS: 107 NORTHEASTERN BLVD CITY/ST/ZIP/CO: NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MALDONADO DIRECTOR 107 NORTHEASTERN BLVD NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS MURRAY DIRECTOR 107 NORTHEASTERN BLVD NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FERDINAND PRONDZYNSK DIRECTOR 107 NORTHEASTERN BLVD NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE REGAN DIRECTOR 107 NORTHEASTERN BLVD NASHUA, NH 03062	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY P. AMATO CAO 107 NORTHEASTERN BLVD NASHUA, NH 03062	<input checked="" type="checkbox"/> OFFICER	<input 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/ ANTHONY P. AMATO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY P. AMATO, PRINTED NAME AND CORPORATE TITLE	2/28/2013 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.			