

1.) CORPORATION NAME:

The Advisory Board Company

DUE DATE: **5/31/2011**

SCC ID NO: **F1824210**

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 |
|--------|------------|
| COMMON | 90,000,000 |
| PREFER | 5,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2445 M STREET N.W.

CITY/ST/ZIP: WASHINGTON, DC 20037-

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: DAVID FELSENTHAL
TITLE: PRESIDENT
ADDRESS: 2445 M STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

OFFICER

DIRECTOR

NAME: EVAN R FARBER
TITLE: SECRETARY
ADDRESS: 2445 M STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

OFFICER

DIRECTOR

NAME: MICHAEL KIRSHBAUM
TITLE: CFO
ADDRESS: 2445 M STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

OFFICER

DIRECTOR

NAME: ROBERT W MUSSLEWHITE
TITLE: CEO
ADDRESS: 2445 M STREET NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

OFFICER

DIRECTOR

NAME: MARY VAN HOOSE
TITLE: Talent Officer
ADDRESS: 2445 M STREET, NW
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

OFFICER

DIRECTOR

| | | |
|--|---|-------------------------|
| NAME: RICHARD SCHWARTZ TITLE: Exec. VP ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: SCOTT SCHIRMEIER TITLE: Ex VP Marketing ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: CORMAC MILLER TITLE: Ex Dir. NPD ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: MARTIN COULTER TITLE: Ex Dir/GM of BI ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR | |
| NAME: KELT KINDICK TITLE: DIRECTOR ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037- | <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/ EVAN R FARBER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | EVAN R FARBER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE | 4/12/2011 _____ 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. | | |