

1.) CORPORATION NAME:

The Advisory Board Company

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1824210**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	135,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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.

<p>NAME: DAVID FELSENTHAL TITLE: PRESIDENT ADDRESS: 2445 M STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SCOTT SCHIRMEIER TITLE: EX VP MARKETING ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD SCHWARTZ TITLE: EXEC. VP ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EVAN R FARBER TITLE: SECRETARY ADDRESS: 2445 M STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL KIRSHBAUM TITLE: CFO ADDRESS: 2445 M STREET NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CORMAC MILLER TITLE: EX DIR. NPD ADDRESS: 2445 M STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20037</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W MUSSLEWHITE CEO 2445 M STREET NW WASHINGTON, DC 20037	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY VAN HOOSE TALENT OFFICER 2445 M STREET, NW WASHINGTON, DC 20037	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELT KINDICK DIRECTOR 2445 M STREET, NW WASHINGTON, DC 20037	<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/ EVAN R FARBER	EVAN R FARBER, SECRETARY	3/4/2015
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.