

1.) CORPORATION NAME:

SCANTRON CORPORATION

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1864562**

5.) STOCK INFORMATION

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

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1313 LONE OAK ROAD

CITY/ST/ZIP: EAGAN, MN 55121

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: PETER A FERA, JR. TITLE: EXEC. VP/ CFO ADDRESS: 10931 LAUREATE DRIVE CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JUDY C. NORRIS TITLE: SR. VP/SEC. ADDRESS: 10931 LAUREATE DRIVE CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: J. MICHAEL RILEY TITLE: VP/CONTROLLER ADDRESS: 2939 MILLER ROAD CITY/ST/ZIP/CO: DECATUR, GA 30035	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAT M SIMMONS TITLE: VICE PRESIDENT ADDRESS: 10931 LAUREATE DRIVE CITY/ST/ZIP/CO: SAN ANTONIO, TX 78249	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALISON M HOROWITZ TITLE: ASST TREASURER ADDRESS: 35 EAST 62ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10065	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ADAM F INGBER TITLE: ASST TREASURER ADDRESS: 35 EAST 62ND STREET CITY/ST/ZIP/CO: NEW YORK, NY 10065	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	GARY ROZENSHTEYN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	MARTIN H WEXLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10931 LAUREATE DRIVE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249		
NAME:	MICHAEL C BOROFSKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	KEVIN A JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	400 SW 6TH AVENUE SUITE 200		
CITY/ST/ZIP/CO:	PORTLAND, OR 97204		
NAME:	PAUL G SAVAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	BARRY F. SCHWARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	EDWARD P TAIBI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST. SECRETARY		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065		
NAME:	CHARLES T DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	10931 LAUREATE DRIVE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249		
NAME:	KEVIN BRUEGGEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 108TH AVENUE NE SUITE 1300		
CITY/ST/ZIP/CO:	BELLEVUE, WA 98004		

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/ KEVIN A JOHNSON	KEVIN A JOHNSON, ASST	4/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.