

1.) CORPORATION NAME:

DUE DATE: **8/31/2012**

TALX Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1871476**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1550 Peachtree Street, N.W,

CITY/ST/ZIP: Atlanta, GA 30309

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: | J DANN ADAMS | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 1550 PEACHTREE ST NW | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30309 | | |
| NAME: | KENT E MAST | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 1550 PEACHTREE ST NW | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30309 | | |
| NAME: | LEE ADREAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/CFO | | |
| ADDRESS: | 1550 PEACHTREE ST NW | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30309 | | |
| NAME: | DEAN C ARVIDSON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VP/SEC | | |
| ADDRESS: | 1550 PEACHTREE ST NW | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30309 | | |
| NAME: | MARK E YOUNG | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 1550 PEACHTREE ST NW | | |
| CITY/ST/ZIP/CO: | ATLANTA, GA 30309 | | |
| NAME: | KATHRYN J HARRIS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 1550 Peachtree Street, NW | | |
| CITY/ST/ZIP/CO: | Atlanta, GA 30309 | | |

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/ KATHRYN JHARRIS | KATHRYN JHARRIS, | 7/6/2012 |
| 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. | | |