

1.) CORPORATION NAME:

**Grand Canyon Education, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER 16TH FL  
1111 EAST MAIN STREET**

SCC ID NO: **F1918442**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3300 W Camelback Rd  
Bldg 3

CITY/ST/ZIP: Phoenix, AZ 85017

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:	BRIAN E MUELLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85017		

NAME:	ELLEN J PERKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF TAX		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85017-3030		

NAME:	DANIEL E BACHUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREAS/CFO		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85020		

NAME:	BRENT D RICHARDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85017-3030		

NAME:	KEVIN F WARREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85017		

NAME:	BRIAN M ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3300 W CAMELBACK ROAD		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85017		

NAME: DAVID J JOHNSON TITLE: DIRECTOR ADDRESS: 3300 W CAMELBACK ROAD CITY/ST/ZIP/CO: PHOENIX, AZ 85017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACK A HENRY TITLE: DIRECTOR ADDRESS: 3300 W CAMELBACK ROAD CITY/ST/ZIP/CO: PHOENIX, AZ 85017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRADLEY A CASPER TITLE: DIRECTOR ADDRESS: 3300 W CAMELBACK ROAD CITY/ST/ZIP/CO: PHOENIX, AZ 85017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SARA R DIAL TITLE: DIRECTOR ADDRESS: 3300 W CAMELBACK ROAD CITY/ST/ZIP/CO: PHOENIX, AZ 85017	<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/ ELLEN J PERKINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELLEN J PERKINS, VP OF TAX PRINTED NAME AND CORPORATE TITLE	1/29/2014 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.		