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CORPORATION NAME: LEARNING RESEARCH, INC.		DUE DATE: 06/30/12	は記記される
VA REGISTERED AGENT NAME AND OFFICE A CHARLES W. LAUGHLIN	DDRESS: ATTY.	SCC ID NO.: 0393471-8	<b>©</b> 6
100 Shockoe Slip, 3rd Fl.		5. STOCK INFORMATION	$\neg$

Richmond, VA 23219
3. CITY OR COUNTY OF VA REGISTERED OFFICE:

4. STATE OR COUNTRY OF INCORPORATION: VA-VIRGINIA

216-RICHMOND CITY

CLASS	AUTHORIZED
COMMON	4,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

Mark this bo	ox if address shown below is correct	If the block to the left is blank or caddress below.	contains incorrect data please add or correct th
ADDRESS:	420 N.W. FIFTH ST., SUITE 3B	ADDRESS:	
CITY/ST/ZIP	EVANSVILLE, IN 47708	CITY/ST/ZIP	
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	An individu	and principal officers must be listed al may be designated as both a direc	ctor and an officer.
Mark appropriate bo	An individuox unless area below is blank:	al may be designated as both a direction of the block to the left is blank or c	otor and an officer.  ontains incorrect data, please mark appropriat
Mark appropriate bo	An individu	al may be designated as both a direction of the block to the left is blank or c	otor and an officer.  ontains incorrect data, please mark appropriat
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Mark appropriate bo	An individuox unless area below is blank: rect	If the block to the left is blank or c box and enter information below:	ctor and an officer.  Contains incorrect data, please mark appropriat  Correction  Addition  Replacement
Mark appropriate be	An individuox unless area below is blank: rect	If the block to the left is blank or c box and enter information below:  NAME:	ctor and an officer.  Contains incorrect data, please mark appropriat  Correction  Addition  Replacement

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER

PRINTED NAME AND CORPORATE TITLE

4-25-12 DATE

SIGNATURE OF DIRECTOR/OFFICE LISTED IN THIS REPORT

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filling.

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## **2012 ANNUAL REPORT CONTINUED**

**CORPORATION NAME:** LEARNING RESEARCH, INC.

DUE DATE: 06/30/12 SCC ID NO.: 0393471-8 O LE 

All directors and principal officers must be listed.

An individual may be designated as both a director

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7.	DIRECTORS	AND	PRINCIPAL	OFFICERS	(continued)	):
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7. DIRECTORS AND PRINCIPAL OFFICERS (continued).	An individual may be designated as both a director and an officer.
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER X DIRECTOR	OFFICER [] DIRECTOR []
NAME: ROB FONCANNON	NAME:
TITLE: ASST SECRETARY	TITLE:
ADDRESS: 420 NW 5TH ST	ADDRESS:
CITY/ST/ZIP: EVANSVILLE, IN 47708	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: ☐ Correction ☐ Addition ☐ Replacement
OFFICER □ DIRECTOR □	OFFICER □ DIRECTOR □
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:  ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction Addition Replacement
[] Information is correct	and enter information below:   Correction  Addition  Replacement
☐ Information is correct ☐ Information is incorrect ☐ Delete information  OFFICER ☐ DIRECTOR ☐	and enter information below:   Correction Addition Replacement  OFFICER DIRECTOR
OFFICER DIRECTOR NAME:	and enter information below:   OFFICER   DIRECTOR   NAME:
OFFICER DIRECTOR NAME:	and enter information below:   OFFICER   DIRECTOR   NAME:  TITLE:
OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:	and enter information below:   OFFICER   DIRECTOR   NAME:  TITLE:  ADDRESS:
OFFICER DIRECTOR NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	and enter information below:
OFFICER DIRECTOR  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank: Information is incorrect Delete information	and enter information below:   OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   Correction Addition Replacement
OFFICER DIRECTOR  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank:	and enter information below:   OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   OFFICER DIRECTOR   OFFICER DIREC
OFFICER DIRECTOR  NAME: TITLE: ADDRESS: CITY/ST/ZIP:  Mark appropriate box unless area below is blank:  Information is correct Information is incorrect Delete information  OFFICER DIRECTOR NAME:	and enter information below:   OFFICER DIRECTOR  NAME:  TITLE:  ADDRESS:  CITY/ST/ZIP:  If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   OFFICER DIRECTOR  NAME:

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