

**2012 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**

21210.3368--6/8/2012

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212103368

1. CORPORATION NAME:  
 LEARNING RESEARCH, INC.

DUE DATE: 06/30/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
 CHARLES W. LAUGHLIN

SCC ID NO.: 0393471-8

100 Shockoe Slip, 3rd Fl.

5. STOCK INFORMATION

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
 216-RICHMOND CITY

CLASS	AUTHORIZED
COMMON	4,000

4. STATE OR COUNTRY OF INCORPORATION:  
 VA-VIRGINIA

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

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 420 N.W. FIFTH ST., SUITE 3B	ADDRESS:
CITY/ST/ZIP EVANSVILLE, IN 47708	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ALAN R BRILL	NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 420 NW FIFTH ST STE 3B'	ADDRESS:
CITY/ST/ZIP: EVANSVILLE, IN 47708	CITY/ST/ZIP:

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

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ALAN R. BRILL  
 PRINTED NAME AND CORPORATE TITLE

4-25-12  
 DATE

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 filing.

+ 0373524 000009634 09SCCJ

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: ROB FONCANNON TITLE: ASST SECRETARY ADDRESS: 420 NW 5TH ST CITY/ST/ZIP: EVANSVILLE, IN 47708	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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