

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21109.0744--4/29/2011

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211090744

1. CORPORATION NAME:
 LEARNING RESEARCH, INC.

DUE DATE: 06/30/11

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

PRINTED NAME AND CORPORATE TITLE

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.

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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"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
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: <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"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	
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NAME:		NAME:	
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CITY/ST/ZIP:		CITY/ST/ZIP:	
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TITLE:		TITLE:	
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CITY/ST/ZIP:		CITY/ST/ZIP:	