

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003229

**Entity Name:** THE CORPORATE EXECUTIVE BOARD COMPANY**Current Principal Place of Business:**1919 NORTH LYNN  
ARLINGTON, VA 22209**Current Mailing Address:**1919 NORTH LYNN  
ARLINGTON, VA 22209 US**FEI Number: 52-2056410****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name MONAHAN, TOM  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title BOD  
Name BAILAR , GREGOR  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title BOD  
Name CARTER , STEPHEN  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title CAO  
Name JONES , MELODY  
Address 1919 NORTH LYNN STREET  
City-State-Zip: ARLINGTON VA 22209

Title TR  
Name ANSCHUTZ , BARRON  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title CFO  
Name LINDAHL, RICHARD  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name COBURN, GORDON  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name COX, KEVIN  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES BARRON ANSCHUTZ****TREASURER****03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEEMON, DANIEL  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title SECRETARY  
Name AUERBACH, PAMELA  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name HANIEL , LYNN  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title ASST SECRETARY  
Name BARRON , ANSCHUTZ  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name TARR, JEFFREY  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name WARREN , THUNE  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR  
Name STACY , RAUCH  
Address 1919 NORTH LYNN  
City-State-Zip: ARLINGTON VA 22209