

1.) CORPORATION NAME:

THE NATURE CONSERVANCY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0148728**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN: LEGAL DEPARTMENT
4245 NORTH FAIRFAX DRIVE

CITY/ST/ZIP: ARLINGTON, VA 22203-1606

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:	ROBERTO HERNANDEZ RAMIREZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	MARK TERCEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1606		

NAME:	STEPHEN HOWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4245 NORTH FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-1637		

NAME:	MUNEER SATTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4245 NORTH FAIRFAX DRIVE		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	TERESA BECK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME:	STEVEN A. DENNING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4245 N. FAIRFAX DR		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK E. LOY SECRETARY 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BLOOD DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHONA L. BROWN DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GRETCHEN C. DAILY DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEREMY GRANTHAM DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK MA DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG O. MCCA DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J. MEREDITH DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS MIDDLETON DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES C. MORGAN DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN POLASKY DIRECTOR 4245 N. FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JAMES E. ROGERS JR. TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS J. TIERNEY TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MOSES TSANG TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: FRANCES ULMER TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARGARET C. WHITMAN TITLE: DIRECTOR ADDRESS: 4245 N. FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH H. GLEBERMAN TITLE: DIRECTOR ADDRESS: 4245 NORTH FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: P. ROY VAGELOS TITLE: DIRECTOR ADDRESS: 4245 NORTH FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANITA DRUMMOND TITLE: ASST SECRETARY ADDRESS: 4245 NORTH FAIRFAX DR CITY/ST/ZIP/CO: ARLINGTON, VA 22203	<input checked="" type="checkbox"/> OFFICER <input 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/ ANITA DRUMMOND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANITA DRUMMOND, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
5/22/2013 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.	