

1.) CORPORATION NAME:

**AMERICAN PETROLEUM INSTITUTE**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F0288474**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1220 L ST NW

CITY/ST/ZIP: WASHINGTON, DC 20005

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:	JACK GERARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1220 L STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	HARRY M NG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	1220 L ST NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	STEPHEN CHAZEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1220 L STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	CLARENCE P CAZALOT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	1220 L STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	JAMES T HACKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1220 L STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	LAMAR MCKAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1220 L STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME: GARY HEMINGER TITLE: DIRECTOR ADDRESS: 1220 L STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J LARRY NICHOLS TITLE: DIRECTOR ADDRESS: 1220 L STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: REX TILLERSON TITLE: DIRECTOR ADDRESS: 1220 L STREET, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20005	<input type="checkbox"/> OFFICER	<input checked="" 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/ HARRY M NG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HARRY M NG, CORP SEC PRINTED NAME AND CORPORATE TITLE	1/23/2013 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.		