

1.) CORPORATION NAME:

AMERICAN PETROLEUM INSTITUTE

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0288474**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	Chairman		
ADDRESS:	1220 L STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		
NAME:	GARY HEMINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1220 L STREET, NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		
NAME:	J. Larry Nichols	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1220 L Street NW		
CITY/ST/ZIP/CO:	Washington, DC 20005		
NAME:	Rex Tillerson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1220 L Street NW		
CITY/ST/ZIP/CO:	Washington, DC 20005		

NAME: John Watson TITLE: DIRECTOR ADDRESS: 1220 L Street NW CITY/ST/ZIP/CO: Washington, DC 20005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Marvin Odum TITLE: DIRECTOR ADDRESS: 1220 L Street NW CITY/ST/ZIP/CO: Washington, DC 20005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Greg Garland 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	HARRY M NG, CORP SEC	2/19/2014
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, 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.		