

1.) CORPORATION NAME:

SIERRA CLUB

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0480758**

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:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 85 SECOND ST 2ND FLOOR

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-3441

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:	DAVID A SCOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	85 SECOND ST 2ND FL		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	SPENCER BLACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	85 SECOND ST 2ND FL		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	LANE E BOLDMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	85 SECOND ST 2ND FL		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	DONNA BUELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	85 SECOND ST SECOND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	ADRIENNE FRAZIER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	85 SECOND STREET 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	SUSAN REYES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	LOREN BLACKFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JIM DOUGHERTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	LARRY FAHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	CHARLES FRANK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JESSICA HELM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	AARON MAIR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	ROBIN MANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	CHRIS WARSHAW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	LIZ WALSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	ROB WILDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 SECOND STREET, 2ND FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

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/ ADRIENNE FRAZIER	ADRIENNE FRAZIER, ASST	5/21/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.