

1.) CORPORATION NAME: <b>The Capital Group Companies, Inc.</b>	DUE DATE: <b>9/30/2014</b>								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1117169</b>								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION								
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td style="text-align: right;">12,000,000</td> </tr> <tr> <td>COMB</td> <td style="text-align: right;">1,000,000</td> </tr> <tr> <td>PREFER</td> <td style="text-align: right;">1,500,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMA	12,000,000	COMB	1,000,000	PREFER	1,500,000
CLASS	AUTHORIZED								
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COMB	1,000,000								
PREFER	1,500,000								

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 SOUTH HOPE STREET 55TH FLOOR

CITY/ST/ZIP: LOS ANGELES, CA 90071

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PHILIP DE TOLEDO		
TITLE: PRESIDENT		
ADDRESS: 333 SOUTH HOPE ST		
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JULIE ST JOHN		
TITLE: SR VP/CIO		
ADDRESS: 333 SOUTH HOPE ST		
CITY/ST/ZIP/CO: 55TH FLOOR LOS ANGELES, CA 90071		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS J CONDON		
TITLE: VP/TREAS		
ADDRESS: 333 S HOPE ST 55TH FLR		
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071-1447		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRUCE E MEIKLE		
TITLE: SR VP & PFO		
ADDRESS: 333 SOUTH HOPE STREET 55TH FLOOR		
CITY/ST/ZIP/CO: LOS ANGELES, CA 90071		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES P RYAN		
TITLE: SR VP/S		
ADDRESS: 333 SOUTH HOPE ST		
CITY/ST/ZIP/CO: 33RD FLOOR LOS ANGELES, CA 90071		

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/ JAMES P RYAN	JAMES P RYAN, SR VP/S	8/28/2014
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.