

1.) CORPORATION NAME:

NATURE CONSERVANCY ACTION FUND

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1223256**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: C/O LEGAL DEPT
4245 N FAIRFAX DR

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	CAROL L BAUDLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	C/O LEGAL DEPT		
CITY/ST/ZIP/CO:	4245 N FAIRFAX DR ARLINGTON, VA 22203		

NAME:	MARGARET COON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O LEGAL DEPT		
CITY/ST/ZIP/CO:	4245 N FAIRFAX DR ARLINGTON, VA 22203		

NAME:	LEN BARSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	C/O LEGAL DEPT		
CITY/ST/ZIP/CO:	4245 N FAIRFAX DR ARLINGTON, VA 22203		

NAME:	PHILIP TABAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	C/O LEGAL DEPT		
CITY/ST/ZIP/CO:	4245 N FAIRFAX DR ARLINGTON, VA 22203		

NAME:	ROBERT BENDICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O LEGAL DEPT		
CITY/ST/ZIP/CO:	4245 N FAIRFAX DR ARLINGTON, VA 22203		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUG HALL DIRECTOR C/O LEGAL DEPT 4245 N FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE SCOTT DIRECTOR C/O LEGAL DEPT 4245 N FAIRFAX DR ARLINGTON, VA 22203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN PRICKETT DIRECTOR C/O LEGAL DEPT 4245 N FAIRFAX DR ARLINGTON, VA 22203	<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/ PHILIP TABAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHILIP TABAS, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/14/2012 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.			