

1.) CORPORATION NAME:

Capital Research and Management Company

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1232034**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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.

<p>NAME: TIMOTHY D ARMOUR TITLE: PRES/PEO ADDRESS: 333 S HOPE ST 55TH FL CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT W. LOVELACE TITLE: EXC VP ADDRESS: 333 SOUTH HOPE ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN H. PHELAN, JR. TITLE: EXC VP ADDRESS: 333 SOUTH HOPE ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J DOWNER TITLE: SVP/SEC ADDRESS: 333 S HOPE ST, 33RD FL CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CARMELO SPINELLA TITLE: TREAS/PFO ADDRESS: 333 S HOPE ST, 55TH FL CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES F ROTHENBERG TITLE: VC/CHRM EXEC CO ADDRESS: 333 S HOPE ST, 55TH FL CITY/ST/ZIP/CO: LOS ANGELES, CA 90071</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C. BARCLAY DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN G. CLIFFORD DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E. DENNING DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAUDIA P. HUNTINGTON DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNA F. JONSSON DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN KNOWLES DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B. LOVELACE DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD B. O'NEAL DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DINA N. PERRY DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN ROMO DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P. RYAN DIRECTOR 333 SOUTH HOPE ST. LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: EUGENE P. STEIN TITLE: DIRECTOR ADDRESS: 333 SOUTH HOPE ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: BRADLEY J. VOGT TITLE: DIRECTOR ADDRESS: 333 SOUTH HOPE ST. CITY/ST/ZIP/CO: LOS ANGELES, CA 90071	<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/ MICHAEL J DOWNER	MICHAEL J DOWNER, SVP/SEC	12/14/2015
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.