

1.) CORPORATION NAME:

COSTCO WHOLESALE CORPORATION

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1324088**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 999 LAKE DRIVE

CITY/ST/ZIP: ISSAQUAH, WA 98027

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:	WALTER CRAIG JELINEK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		
NAME:	JOEL BONELIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		
NAME:	PATRICK J CALLANS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		
NAME:	HAROLD ELLIOT KAPLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		
NAME:	JOHN M MINOLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		
NAME:	RICHARD J OLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	999 LAKE DRIVE		
CITY/ST/ZIP/CO:	ISSAQUAH, WA 98027		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C SULLIVAN VICE PRESIDENT 999 LAKE DRIVE ISSAQUAH, WA 98027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A GALANTI EVP/CFO 999 LAKE DRIVE ISSAQUAH, WA 98027	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET E MCCULLA ASST SECRETARY 45940 HORSESHOE DRIVE STERLING, VA 20166	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S PETTERSON SVP 999 LAKE DRIVE ISSAQUAH, WA 98027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL ELLEN TSUBOI ASST SECRETARY 999 LAKE DRIVE ISSAQUAH, WA 98027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY H BROTMAN DIRECTOR 999 LAKE DRIVE ISSAQUAH, WA 98027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BENJAMIN S CARSON, SR DIRECTOR 600 N. WOLFE STREET HARVEY 811 BALTIMORE, MD 21287-8811	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN L DECKER DIRECTOR P.O. BOX 69 BELVEDERE, CA 94920	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J EVANS DIRECTOR 4000 NE 41ST ST. BUILDING D, SUITE 4 SEATTLE, WA 98105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM H GATES DIRECTOR P.O. BOX 23350 SEATTLE, WA 98102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAMILTON E JAMES DIRECTOR 345 PARK AVENUE 31ST FLOOR NEW YORK, NY 10154	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: RICHARD M LIBENSON TITLE: DIRECTOR ADDRESS: 4455 MORENA BLVD. CITY/ST/ZIP/CO: SAN DIEGO, CA 92117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN W MEISENBACH TITLE: DIRECTOR ADDRESS: 1325 - 4TH AVE., #2100 CITY/ST/ZIP/CO: SEATTLE, WA 98101	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHARLES T MUNGER TITLE: DIRECTOR ADDRESS: 355 S. GRAND AVENUE CITY/ST/ZIP/CO: 34TH FLOOR LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY S RAIKES TITLE: DIRECTOR ADDRESS: 1551 EASTLAKE AVENUE E CITY/ST/ZIP/CO: SEATTLE, WA 98102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JILL S. RUCKELSHAUS TITLE: DIRECTOR ADDRESS: C/O DIANE HODGSON CITY/ST/ZIP/CO: 1000 2ND AVENUE, #3700 SEATTLE, WA 98104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES SINEGAL TITLE: DIRECTOR ADDRESS: 999 LAKE DRIVE CITY/ST/ZIP/CO: ISSAQUAH, WA 98027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Sullivan TITLE: SECRETARY ADDRESS: 999 Lake Drive CITY/ST/ZIP/CO: Issaquah, WA 98027	<input checked="" type="checkbox"/> OFFICER	<input 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/ GAIL ELLEN TSUBOI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GAIL ELLEN TSUBOI, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/29/2013 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.		