

1.) CORPORATION NAME:

Weyerhaeuser Real Estate Development Company

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1466806**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 33663 WEYERHAEUSER WAY S

CITY/ST/ZIP: FEDERAL WAY, WA 98003

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:	CLAIRE S GRACE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/SEC/VP		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME:	JAMES D BOWLING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME:	SCOTT M DAHLQUIST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME:	JEDD B LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME:	JEFFREY W NITTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME:	THOMAS M SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SEC/DIR		
ADDRESS:	33663 WEYERHAUSER WAY SOUTH		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98003		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY CHURCHILL ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAYLOR H DOWNEY ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERI L GRISHAM ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY I HEBBLETHWAITE ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA H JOHNSON ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICKI A MERRICK ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY C NOLES ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARLENE VOSS ASST SECRETARY 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANN E PULS ASST TREASURER 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G KORN DIR OF MINERALS 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDY MCDADE GENERAL COUNSEL 33663 WEYERHAUSER WAY SOUTH FEDERAL WAY, WA 98003	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PAMELA R HUGHES TITLE: ASST SECRETARY ADDRESS: 33663 WEYERHAEUSER WAY SOUTH CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003	<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/ THOMAS M SMITH	THOMAS M SMITH, ASST SEC/DIR	4/3/2012
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.		