

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213517970

1.) CORPORATION NAME:

Weyerhaeuser Real Estate Development Company

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1466806**

5.) STOCK INFORMATION

CLASS AUTHORIZED

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

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: DANIEL S FULTON OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 33663 WEYERHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003

NAME: CLAIRE S GRACE OFFICER DIRECTOR
TITLE: DIR/SEC/VP
ADDRESS: 33663 WEYERHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003

NAME: SCOTT M DAHLQUIST OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 33663 WEYERHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003

NAME: JEDD B LEWIS OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 33663 WEYERHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003

NAME: JEFFREY W NITTA OFFICER DIRECTOR
TITLE: VP/TREASURER
ADDRESS: 33663 WEYERHAUSER WAY SOUTH
CITY/ST/ZIP/CO: FEDERAL WAY, WA 98003

NAME: THOMAS M SMITH OFFICER 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:	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:	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:	PAMELA R HUGHES ASST SECRETARY 33663 WEYERHAEUSER 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:	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: 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
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	4/15/2013	
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.			