

1.) CORPORATION NAME:

**EQT PRODUCTION COMPANY**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1471764**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: EQT PLAZA  
625 LIBERTY AVE, STE 1700

CITY/ST/ZIP: PITTSBURGH, PA 15222

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN T SCHLOTTERBECK	
TITLE:	PRESIDENT	
ADDRESS:	625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL BUTCHER	
TITLE:	VICE PRESIDENT	
ADDRESS:	625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES E. CROCKARD	
TITLE:	VICE PRESIDENT	
ADDRESS:	625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID ELKIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIN ELKIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM E. HELMICK VICE PRESIDENT 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLO MORGANO VICE PRESIDENT 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH L. MORRIS VICE PRESIDENT 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK M. OBRIEN VP - CONTROLLER 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SCHLOSSER VICE PRESIDENT 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLE H KING CORP SEC 625 LIBERTY AVE STE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA Z. BONE ASST TREASURER 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP G. ELLIOTT TREASURER 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E. QUINLAN ASST TREASURER 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESSICA BRISENDINE ASST SECRETARY 625 LIBERTY AVENUE SUITE 1700 PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: RICHARD P. HILL TITLE: EVP ADDRESS: 625 LIBERTY AVENUE SUITE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KENNETH C KIRK TITLE: EVP ADDRESS: 625 LIBERTY AVE STE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: HENRY E. REICH TITLE: ASST SECRETARY ADDRESS: 625 LIBERTY AVENUE SUITE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KIMBERLY L. SACHSE TITLE: ASST SECRETARY ADDRESS: 625 LIBERTY AVENUE SUITE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PHILIP P CONTI TITLE: DIRECTOR ADDRESS: 625 LIBERTY AVE STE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CHARLENE PETRELLI TITLE: DIRECTOR ADDRESS: 625 LIBERTY AVE STE 1700 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222	<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/ NICOLE H KING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NICOLE H KING, CORP SEC PRINTED NAME AND CORPORATE TITLE	5/23/2013 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.		