

1.) CORPORATION NAME:

PC Timberland Investment Company

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1504630**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 999 THIRD AVE STE 4300

CITY/ST/ZIP: SEATTLE, WA 98104

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: RICK R HOLLEY TITLE: CEO ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES A KRAFT TITLE: SR VP/GCS/S ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID W LAMBERT TITLE: SR VP/CFO ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID A BROWN TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARBARA L CROWE TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL J DAVIS TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVE STE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K FITZMAURICE VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL S HAGEN VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B HOBBS VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J JIRSA VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A KILBERG SR VP 999 THIRD AVENUE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M LINDQUIST PRES/COO 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER C MADDEN VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY D NEILSON VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT J OLSZEWSKI VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS G RAY VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M REED VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL A. STAMNES VICE PRESIDENT 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERWIN D BARGER, JR. ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH U FEE ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORIS A JAKIELSKI ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE J QUINTANA ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZANNE A RHYDER ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN S SIMS ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J SPRINKLE ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI L WARD ASST SECRETARY 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA B SMITH TREASURER 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN E MANNING CONTROLLER 999 THIRD AVE STE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MARK A. MILLER OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 999 THIRD AVE STE 4300
CITY/ST/ZIP/CO: SEATTLE, WA 98104

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.

<u>/s/ ZANNE A RHYDER</u>	<u>ZANNE A RHYDER, ASST</u>	<u>2/19/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.