

1.) CORPORATION NAME:

Plum Creek Investment Company

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1507518**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 999 THIRD AVENUE SUITE 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.

<p>NAME: RICK R. HOLLEY TITLE: CEO ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID W. LAMBERT TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID A. BROWN TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BARBARA L. CROWE TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAUL J. DAVIS TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOAN K. FITZMAURICE TITLE: VICE PRESIDENT ADDRESS: 999 THIRD AVENUE SUITE 4300 CITY/ST/ZIP/CO: SEATTLE, WA 98104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL S. HAGEN VICE PRESIDENT 999 THIRD AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. KILBERG VICE PRESIDENT 999 THIRD AVENUE SUITE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS M. LINDQUIST PRESIDENT 999 THIRD AVENUE SUITE 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 AVENUE SUITE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A. MILLER VICE PRESIDENT 999 THIRD AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. KRAFT SECRETARY 999 THIRD AVE., STE. 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERWIN D. BARGER, JR. ASST SECRETARY 999 THIRD AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 SUITE 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 AVENUE SUITE 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 AVENUE SUITE 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 AVENUE SUITE 4300 SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: SHERI L. WARD OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 999 THIRD AVENUE SUITE 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>3/12/2013</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.