

1.) CORPORATION NAME:

**THE GAP, INC.**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1575424**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,300,000,000
COMB	60,000,000
PREFER	30,000,000

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TWO FOLSOM ST

CITY/ST/ZIP: SAN FRANCISCO, CA 94105

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: GLENN MURPHY TITLE: PRES/CEO ADDRESS: 2 FOLSOM ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHELLE A BANKS TITLE: VP;/CHF COMP OF ADDRESS: 2 FOLSOM ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 24105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS A. CROSTON TITLE: VP-FINANCE ADDRESS: 40 FIRST PLAZA NW CITY/ST/ZIP/CO: ALBUQUERQUE, NM 87102</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SABRINA SIMMONS TITLE: EVP, CFO ADDRESS: 2 FOLSOM ST CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Bob L. Martin TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94102</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Domenico De Sole TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94102</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Robert J. Fisher TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William S. Fisher TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jorge P. Montoya TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mayo Shattuck TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Katherine Tsang TITLE: DIRECTOR ADDRESS: 2 Folsom Street CITY/ST/ZIP/CO: San Francisco, CA 94105	<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/ THOMAS A. CROSTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS A. CROSTON, VP-FINANCE PRINTED NAME AND CORPORATE TITLE	2/12/2013 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.		