

1.) CORPORATION NAME:

GARY D. NELSON ASSOCIATES, INC.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD
250 BROWNS HILL CT
MIDLOTHIAN, VA**

SCC ID NO: **F1823725**

5.) STOCK INFORMATION

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

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19080 Lomita Avenue

CITY/ST/ZIP: Sonoma, CA 95476

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: CRAIG NELSON TITLE: PRESIDENT ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL BOWCUT TITLE: CFO/TREASURER ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARCIA NELSON TITLE: SECRETARY ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN BRADY TITLE: DIRECTOR ADDRESS: 3555 WHITE ALDER CITY/ST/ZIP/CO: SONOMA, CA 95476	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NED BULKLEY TITLE: DIRECTOR ADDRESS: 17023 SUMMER MEADOW LANE CITY/ST/ZIP/CO: SONOMA, CA 95476	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY CORNICK TITLE: DIRECTOR ADDRESS: 1400 PAULLUS DRIVE CITY/ST/ZIP/CO: HOLLISTER, CA 95023	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MONTY HOUESHELL TITLE: DIRECTOR ADDRESS: 30841 HUNT CLUB DRIVE CITY/ST/ZIP/CO: SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHASE NELSON TITLE: DIRECTOR ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RON MESTER TITLE: DIRECTOR ADDRESS: 38 LAKEWOOD CIRCLE CITY/ST/ZIP/CO: SAN MATEO, CA 94402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: IAN SULLIVAN TITLE: DIRECTOR ADDRESS: 481 SAN LUIS AVE CITY/ST/ZIP/CO: LOS ALTOS, CA 94024	<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/ MICHAEL BOWCUT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL BOWCUT, CFO/TREASURER PRINTED NAME AND CORPORATE TITLE
5/24/2013 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.	