

1.) CORPORATION NAME:

GARY D. NELSON ASSOCIATES, INC.

DUE DATE: **5/31/2015**

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
COMA	16
COMB	7,484

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.

<p>NAME: DONNA FARRUGIA TITLE: PRESIDENT ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DEB MINGS TITLE: CFO/TREASURER ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CRAIG NELSON TITLE: SECRETARY ADDRESS: 19080 LOMITA AVE CITY/ST/ZIP/CO: SONOMA, CA 95476</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: IAN SULLIVAN TITLE: CHAIRMAN ADDRESS: 481 SAN LUIS AVE CITY/ST/ZIP/CO: LOS ALTOS, CA 94024</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN BRADY TITLE: DIRECTOR ADDRESS: 3555 WHITE ALDER CITY/ST/ZIP/CO: SONOMA, CA 95476</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: NED BULKLEY TITLE: DIRECTOR ADDRESS: 17023 SUMMER MEADOW LANE CITY/ST/ZIP/CO: SONOMA, CA 95476</p>	<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: 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: JACK UNROE TITLE: DIRECTOR ADDRESS: 1368 CORTE LOMA CITY/ST/ZIP/CO: WALNUT CREEK, CA 94598	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIK VONK TITLE: DIRECTOR ADDRESS: 99 MAGNOLIA LANE CITY/ST/ZIP/CO: RICHLAND, GA 31825	<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/ DEB MINGS	DEB MINGS, CFO/TREASURER	5/19/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		