

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214505691

1.) CORPORATION NAME:

**Getty Images (US), Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1849456**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	90

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ATTN: LEGAL DEP  
605 FIFTH AVE S STE 400

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOHN J LAPHAM III				
TITLE:	PRESIDENT				
ADDRESS:	ATTN: LEGAL DEPT				
CITY/ST/ZIP/CO:	605 FIFTH AVENUE S STE 400 SEATTLE, WA 98104				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	YOKO MIYASHITA				
TITLE:	VICE PRESIDENT				
ADDRESS:	ATTN: LEGAL DEPT				
CITY/ST/ZIP/CO:	605 FIFTH AVENUE S STE 400 SEATTLE, WA 98104				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JODI COLLIGAN				
TITLE:	VICE PRESIDENT				
ADDRESS:	ATTN: LEGAL DEPT				
CITY/ST/ZIP/CO:	605 FIFTH AVE S STE 400 SEATTLE, WA 98104				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LIZANNE VAUGHAN				
TITLE:	VICE PRESIDENT				
ADDRESS:	ATTN: LEGAL DEPT				
CITY/ST/ZIP/CO:	605 5TH AVE. S. STE 400 SEATTLE, WA 98104				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SHANE JOHNSON				
TITLE:	VICE PRESIDENT				
ADDRESS:	ATTN: LEGAL DEPT				
CITY/ST/ZIP/CO:	605 5TH AVE. S STE 400 SEATTLE, WA 98104				

NAME:                   TIMOTHY MURPHY TITLE:                   ASST TREASURER ADDRESS:               ATTN: LEGAL DEPT 605 5TH AVE. S STE 400 CITY/ST/ZIP/CO:      SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME:                   CONNIE CHAPMAN TITLE:                   ASST SECRETARY ADDRESS:               ATTN: LEGAL DEPT 605 5TH AVE. S. STE 400 CITY/ST/ZIP/CO:      SEATTLE, WA 98104	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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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/ CONNIE CHAPMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CONNIE CHAPMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/27/2014 DATE
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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.