

1.) CORPORATION NAME:

**BUILDERS AND CONTRACTORS EXCHANGE,
INCORPORATED**

DUE DATE: **6/30/2013**

SCC ID NO: **00202143**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PHIL D DAVENPORT
1118 AZALEA GARDEN RD
NORFOLK, VA**

5.) STOCK INFORMATION

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

NORFOLK CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1118 AZALEA GARDEN RD

CITY/ST/ZIP: NORFOLK, VA 23502

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:	RONALD K MCINTOSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4485 LEE AVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23455		

NAME:	R THOMAS HITT JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	1ST VICE PRES		
ADDRESS:	1932 W TWIN COVE RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		

NAME:	JEFF W KNOWLES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	2ND VICE PRES		
ADDRESS:	915 GOLDSBORO AVE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		

NAME:	GEORGE G PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	3RD VICE PRES		
ADDRESS:	628 FORDSMERE RD		
CITY/ST/ZIP/CO:	CHESAPEAKE VA, VA 23322		

NAME:	WILLIAM E FRANCZEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	738 SHERATON CT		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23452		

NAME:	THOMAS W BOZARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1717 MILL LANDING RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23457		

NAME:	MICHAEL W ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	657 GREEN VALLEY DR		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23462		
NAME:	GEORGE L COMPO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 LAUREL CRESCENT		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		
NAME:	HARRY L DAVIS III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 JERMYN LANE		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	STEPHEN E GOTTLIEB	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2720 SCHOOLHOUSE LN		
CITY/ST/ZIP/CO:	SUFFOLK, VA 23435		
NAME:	RICHARD B LOGSDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1109 LITTLE LAKE DR		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23454		
NAME:	SHERRI L MILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	138 PINWOOD RD		
CITY/ST/ZIP/CO:	VIRGINIA BEACH, VA 23451		
NAME:	MARY THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1208 N RIVER DR		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23322		
NAME:	W GORDON WILDER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3521 KENTUCK TR		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23323		
NAME:	PHIL D DAVENPORT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	458 THOLE ST		
CITY/ST/ZIP/CO:	NORFOLK, VA 23505		

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/ PHIL DDAVENPORT	PHIL DDAVENPORT,	6/4/2013
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.