

1.) CORPORATION NAME:

MCGUIRE LUMBER AND SUPPLY, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALEIGH E. OSBORNE
PO BOX 35
WYLLIESBURG, VA 23976**

SCC ID NO: **00939033**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 35

CITY/ST/ZIP: WYLLIESBURG, VA 23976

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:	MYRTLE GRANT OSBORNE	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 35	
CITY/ST/ZIP/CO:	WYLLIESBURG, VA 23976	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN WILLIAM OSBORNE	
TITLE:	TREASURER	
ADDRESS:	PO BOX 35	
CITY/ST/ZIP/CO:	WYLLIESBURG, VA 23976	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RALEIGH EDWARD OSBORNE JR	
TITLE:	VICE PRESIDENT	
ADDRESS:	PO BOX 35	
CITY/ST/ZIP/CO:	WYLLIESBURG, VA 23976	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERESA ROYSTER OSBORNE	
TITLE:	SECRETARY	
ADDRESS:	P.O. BOX 35	
CITY/ST/ZIP/CO:	WYLLIESBURG, VA 23976	

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/ MYRTLE GRANT OSBORNE	MYRTLE GRANT OSBORNE,	2/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.