

1.) CORPORATION NAME:

Gray Lumber Company

DUE DATE: **12/31/2011**

SCC ID NO: **01146042**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

RUSSELL T AARONSON III

5004 MONUMENT AVE STE 200

RICHMOND, VA 23230

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	1,000,000
COMBNV	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 85
328 FOREST LANE

CITY/ST/ZIP: WAVERLY, VA 23890-

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:	GARLAND GRAY II	
TITLE:	PRESIDENT	
ADDRESS:	P.O. BOX 85	
CITY/ST/ZIP/CO:	WAVERLY, VA 23890-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRUCE B GRAY	
TITLE:	VICE PRESIDENT	
ADDRESS:	P.O. BOX 85	
CITY/ST/ZIP/CO:	WAVERLY, VA 23890-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LAWRENCE L GRAY	
TITLE:	VICE PRESIDENT	
ADDRESS:	5004 MONUMENT AVE SUITE 200	
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RUSSELL T AARONSON III	
TITLE:	VICE PRESIDENT	
ADDRESS:	5004 MONUMENT AVE SUITE 200	
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL H SHEEHY	
TITLE:	VICE PRESIDENT	
ADDRESS:	5004 MONUMENT AVE SUITE 200	
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-	

NAME: JAMES B WILLIS TITLE: VICE PRESIDENT ADDRESS: 5004 MONUMENT AVE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KELLY D BURTON TITLE: SECRETARY ADDRESS: 5004 MONUMENT AVE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: HORACE A GRAY, III TITLE: DIRECTOR ADDRESS: 5004 MONUMENT AVENUE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WALLACE STETTINIUS TITLE: DIRECTOR ADDRESS: 5004 MONUMENT AVENUE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W. GRAY STETTINIUS TITLE: DIRECTOR ADDRESS: 5004 MONUMENT AVENUE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS H TULLIDGE, JR. TITLE: DIRECTOR ADDRESS: 5004 MONUMENT AVENUE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS F FARRELL TITLE: DIRECTOR ADDRESS: 5004 MONUMENT AVENUE SUITE 200 CITY/ST/ZIP/CO: RICHMOND, VA 23230-	<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/ KELLY D BURTON	KELLY D BURTON, SECRETARY	12/16/2011
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.