

1.) CORPORATION NAME:

Gray Lumber Company

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

RUSSELL T AARONSON III

GRAYCO INC

5004 MONUMENT AVE STE 200

SCC ID NO: **01146042**

RICHMOND, VA

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: 5004 MONUMENT AVENUE
SUITE 200

CITY/ST/ZIP: RICHMOND, VA 23230

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:	GARLAND GRAY II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	P.O. BOX 82		
CITY/ST/ZIP/CO:	WAVERLY, VA 23890		

NAME:	BRUCE B GRAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	P.O. BOX 82		
CITY/ST/ZIP/CO:	WAVERLY, VA 23890		

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

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

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

NAME: PAUL H SHEEHY 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: 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	
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	
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KELLY D BURTON, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/3/2014 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.		