

1.) CORPORATION NAME: <b>G. &amp; B. INSULATION CO., INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>GARY A GALLION          10535 WARDS RD STE B          RUSTBURG, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CAMPBELL COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>10/31/2013</b> SCC ID NO: <b>01180538</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>940</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	940
CLASS	AUTHORIZED				
COMMON	940				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 10535 WARDS ROAD SUITE B CITY/ST/ZIP: RUSTBURG, VA 24588
---

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: Gary A Gallion TITLE: VICE PRESIDENT ADDRESS: 10535 Wards Road Suite B CITY/ST/ZIP/CO: Rustburg, VA 24588	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: Judith E Gallion TITLE: PRESIDENT ADDRESS: 10535 Wards Road Suite B CITY/ST/ZIP/CO: Rustburg, VA 24588	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: John E Gallion TITLE: VP/S/T ADDRESS: 245 Northwynd Circle CITY/ST/ZIP/CO: Lynchburg, VA 24502	<input checked="" 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/ Gary A Gallion	Gary A Gallion, VICE PRESIDENT	12/2/2013
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.