

1.) CORPORATION NAME:

DUE DATE: **12/30/2010**

COMMONWEALTH LAMINATING & COATING, INC.

SCC ID NO: **04574497**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	75,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 345 BEAVER CREEK DRIVE

CITY/ST/ZIP: MARTINSVILLE, VA 24112-

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: STEPHEN PHILLIPS
TITLE: PRESIDENT
ADDRESS: 345 BEAVER CREEK DRIVE
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112-

OFFICER

DIRECTOR

NAME: MATTHEW PHILLIPS
TITLE: COO
ADDRESS: 345 BEAVER CREEK DRIVE
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112-

OFFICER

DIRECTOR

NAME: MELANIE BRYANT
TITLE: CFO
ADDRESS: 345 BEAVER CREEK DRIVE
CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112-

OFFICER

DIRECTOR

NAME: JENNIFER SHORR
TITLE: VICE PRESIDENT
ADDRESS: 1725 W. WILLIAMS DR.
SUITE 72
CITY/ST/ZIP/CO: PHOENIX, AZ 85027-

OFFICER

DIRECTOR

NAME: GREGG SMART
TITLE: VICE PRESIDENT
ADDRESS: 152 WEST 57TH STREET
59TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10019-

OFFICER

DIRECTOR

NAME: DAVID MITCHELL TITLE: VICE PRESIDENT ADDRESS: 2555 TELEGRAPH ROAD CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 48302-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN HANSEN TITLE: ASST SECRETARY ADDRESS: 2555 TELEGRAPH ROAD CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 48302-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT END TITLE: DIRECTOR ADDRESS: 200 CONNELL DRIVE SUITE 1100 CITY/ST/ZIP/CO: BERKELEY HEIGHTS, NJ 07922-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES HISLOP TITLE: DIRECTOR ADDRESS: 200 CONNELL DRIVE SUITE 1100 CITY/ST/ZIP/CO: BERKELEY HEIGHTS, NJ 07922-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARON SCHWARTZ TITLE: DIRECTOR ADDRESS: 152 WEST 57TH STREET 59TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL HALEY TITLE: DIRECTOR ADDRESS: 152 WEST 57TH STREET 59TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10019-	<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/ MELANIE BRYANT	MELANIE BRYANT, CFO
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	