

1.) CORPORATION NAME:

COMMONWEALTH LAMINATING & COATING, INC.

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**

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

SCC ID NO: **04574497**

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: DAVID MITCHELL
TITLE: VICE PRESIDENT
ADDRESS: 2555 TELEGRAPH ROAD
CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 48302-

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

OFFICER

DIRECTOR

NAME: KAREN HANSEN
TITLE: ASST SECRETARY
ADDRESS: 2555 TELEGRAPH ROAD
CITY/ST/ZIP/CO: BLOOMFIELD HILLS, MI 48302-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MELANIE BRYANT CFO 345 BEAVER CREEK DRIVE MARTINSVILLE, VA 24112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW PHILLIPS COO 345 BEAVER CREEK DRIVE MARTINSVILLE, VA 24112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT END DIRECTOR 200 CONNELL DRIVE SUITE 1100 BERKELEY HEIGHTS, NJ 07922-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HALEY DIRECTOR 152 WEST 57TH STREET 59TH FLOOR NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES HISLOP DIRECTOR 200 CONNELL DRIVE SUITE 1100 BERKELEY HEIGHTS, NJ 07922-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HANS ALLEGAERT DIRECTOR 152 WEST 57TH STREET 59TH FLOOR NEW YORK, NY 10019-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	11/14/2011
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.