

1.) CORPORATION NAME:

**Alpha European Sales, Inc.**

DUE DATE: **11/30/2011**

SCC ID NO: **04754487**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**BANK OF AMERICA CENTER**

**16TH FLOOR, 1111 EAST MAIN STREET**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ALPHA PLACE

CITY/ST/ZIP: ABINGDON, VA 24212-

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:	WILLIAM D CLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		
NAME:	G SCOTT COLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		
NAME:	TERESA J DARNELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		
NAME:	WILLIAM F DAVISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ALPHA PALCE		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		
NAME:	RICHARD R GRINNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ALPHA PLACE		
CITY/ST/ZIP/CO:	ABINGDON, VA 24212-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE A HARTSHORN VICE PRESIDENT ONE ALPHA PLACE ABINGDON, VA 24212-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER D KETRON ASST TREASURER ONE ALPHA PLACE ABINGDON, VA 24212-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W PEARL ASST TREASURER ONE ALPHA PLACE ABINGDON, VA 24212-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL H VINING PRESIDENT ONE ALPHA PLACE ABINGDON, VA 24212-	<input checked="" 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/ G SCOTT COLE	G SCOTT COLE, TREASURER	10/21/2011
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.