

1.) CORPORATION NAME:

**Home Depot Incentives, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **06343487**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2455 PACES FERRY ROAD  
NORTHWEST

CITY/ST/ZIP: ATLANTA, GA 30339

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:	PATRICIA H MUELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	TERESA WYNN ROSEBOROUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SEC/DIREC.		
ADDRESS:	2455 PACES FERRY ROAD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	CAROL B TOME	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS/DIREC		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	L. BRILEY BRISENDINE JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	STACY S INGRAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	MARVIN R. ELLISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2455 PACES FERRY RD		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME: JAMES D. BRAMLETT JR. TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA , GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOCELYN J. HUNTER TITLE: ASST SECRETARY ADDRESS: 2455 PACES FERRY ROAD CITY/ST/ZIP/CO: ATLANTA , GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DWAIN KIMMET TITLE: ASST TREASURER ADDRESS: 2455 PACES FERRY RD CITY/ST/ZIP/CO: ATLANTA , GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN DEWALT TITLE: ASST TREASURER ADDRESS: 2455 PACES FERRY RD CITY/ST/ZIP/CO: ATLANTA , GA 30339	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DUANE A. PORTWOOD TITLE: ASST TREASURER ADDRESS: 2455 PACES FERRY RD CITY/ST/ZIP/CO: ATLANTA , GA 30339	<input checked="" type="checkbox"/> OFFICER	<input 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/ STACY S INGRAM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STACY S INGRAM, ASST SEC PRINTED NAME AND CORPORATE TITLE	3/21/2014 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.		