

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214523542

1.) CORPORATION NAME:

American Wood Council

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **07245046**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 CATOCTIN CIRCLE SE
STE 201

CITY/ST/ZIP: LEESBURG, VA 20175

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:	ROBERT GLOWINSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	222 CATOCTIN CIRCLE SE		
	#201		
CITY/ST/ZIP/CO:	LEESBURG, VA 20175		

NAME:	MARC BRINKMEYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4447 EAST CHILCO ROAD		
CITY/ST/ZIP/CO:	ATHOL, ID 83801		

NAME:	TOM CORRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1111 W JEFFERSON ST		
CITY/ST/ZIP/CO:	BOISE, ID 83728		

NAME:	RAY DILLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 7200		
CITY/ST/ZIP/CO:	EL DORADO, AZ 71731		

NAME:	GEORGE EMMERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 496028		
CITY/ST/ZIP/CO:	REDDING, CA 96049		

NAME:	BRIAN LUOMA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	414 UNION STREET #2000		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37219		

NAME:	ANDREW MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	520 SW YAMHILL STREET #700		
CITY/ST/ZIP/CO:	PORTLAND, OR 97204		
NAME:	PATRICK PATRANELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DRAWER N		
CITY/ST/ZIP/CO:	DIBOLL, TX 75941		
NAME:	JOE PATTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 48999		
CITY/ST/ZIP/CO:	TUSCALOOSA, AL 35404		
NAME:	JAMES RABE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1955 POWISS RD		
CITY/ST/ZIP/CO:	WEST CHICAGO, IL 60185		
NAME:	ROBERT TAYLOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 9777		
CITY/ST/ZIP/CO:	FEDERAL WAY, WA 98063		
NAME:	DANNY WHITE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BOX 708		
CITY/ST/ZIP/CO:	BREWTON, AL 36427		
NAME:	AUBRA ANTHONY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 Catoctin Circle		
CITY/ST/ZIP/CO:	Leesburg, VA 20175		
NAME:	MICHAEL GIROUX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 Catoctin Circle		
CITY/ST/ZIP/CO:	Leesburg, VA 20175		
NAME:	CATHY SLATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	222 Catoctin		
CITY/ST/ZIP/CO:	Leesburg, VA 20175		

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/ ROBERT GLOWINSKI	ROBERT GLOWINSKI, PRESIDENT	5/2/2014
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.