

1.) CORPORATION NAME:

**Huttig Building Products, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F0044927**

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	50,000,000
PREFER	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 555 MARYVILLE UNIVERSITY DRIVE  
STE 400

CITY/ST/ZIP: ST LOUIS, MO 63141-

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.

OFFICER       DIRECTOR

NAME: JON VRABELY  
TITLE: PRESIDENT  
ADDRESS: 555 MARYVILLE UNIVERSITY DRIVE  
SUITE 400  
CITY/ST/ZIP/CO: ST LOUIS, MO 63141-

OFFICER       DIRECTOR

NAME: GREG GURLEY  
TITLE: VICE PRESIDENT  
ADDRESS: 555 MARYVILLE UNIVERSITY DR  
STE 400  
CITY/ST/ZIP/CO: ST LOUIS, MO 63141-

OFFICER       DIRECTOR

NAME: R S EVANS  
TITLE: DIRECTOR  
ADDRESS: 100 FIRST STAMFORD PL  
CITY/ST/ZIP/CO: STAMFORD, CT 06905-

OFFICER       DIRECTOR

NAME: DON E HAKE  
TITLE: Controller  
ADDRESS: 555 MARYVILLE UNIVERSITY DR  
SUITE 400  
CITY/ST/ZIP/CO: ST. LOUIS, MO 63141-

OFFICER       DIRECTOR

NAME: PHILLIP KEIPP  
TITLE: CFO-SEC  
ADDRESS: 555 MARYVILLE UNIVERSITY DRIVE  
STE 400  
CITY/ST/ZIP/CO: ST LOUIS, MO 63141-

NAME: BRIAN ROBINSON TITLE: VICE PRESIDENT ADDRESS: 555 MARYVILLE UNIVERSITY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SALLY H TOWNSLEY TITLE: ASST SECRETARY ADDRESS: 555 MARYVILLE UNIVERSITY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRUCE MC DONALD TITLE: VICE PRESIDENT ADDRESS: 555 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: E THAYER BIGELOW JR. TITLE: DIRECTOR ADDRESS: 555 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN A WISE TITLE: DIRECTOR ADDRESS: 840 GESSNER SUITE 1400 CITY/ST/ZIP/CO: HOUSTON, TX 77024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD S FORTE' TITLE: DIRECTOR ADDRESS: 555 MARYVILLE UNIVERSITY DR CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DELBERT H TANNER TITLE: DIRECTOR ADDRESS: 3575 PIEDMONT AVE SUITE 1070 CITY/ST/ZIP/CO: ATLANTA, GA 30305-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J KEITH MATHENEY TITLE: DIRECTOR ADDRESS: 555 MARYVILLE UNIVERSITY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD L GLASS TITLE: DIRECTOR ADDRESS: 555 MARYVILLE UNIVERSITY DR SUITE 400 CITY/ST/ZIP/CO: ST LOUIS, MO 63141-	<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.

<u>/s/ DON E HAKE</u>	<u>DON E HAKE, Controller</u>	<u>5/20/2011</u>
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.