

1.) CORPORATION NAME:

Huttig Building Products, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0044927**

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 UNIVERITY 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.

NAME:	JON VRABELY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	555 MARYVILLE UNIVERSITY DRIVE SUITE 400 ST LOUIS, MO 63141		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	GREG GURLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	555 MARYVILLE UNIVERSITY DR STE 400 ST LOUIS, MO 63141		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	BRIAN ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400 ST LOUIS, MO 63141		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	PHILLIP KEIPP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO-SEC		
ADDRESS:	555 MARYVILLE UNIVERSITY DRIVE STE 400 ST LOUIS, MO 63141		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	SALLY H TOWNSLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400 ST LOUIS, MO 63141		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		

NAME:	DON E HAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63141		
NAME:	E THAYER BIGELOW JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 MARYVILLE UNIVERSITY DR		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	R S EVANS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STAMFORD PL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06905		
NAME:	RICHARD S FORTE'	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 MARYVILLE UNIVERSITY DR		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	DONALD L GLASS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	J KEITH MATHENEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	DELBERT H TANNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3575 PIEDMONT AVE SUITE 1070		
CITY/ST/ZIP/CO:	ATLANTA, GA 30305		
NAME:	STEVEN A WISE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	840 GESSNER SUITE 1400		
CITY/ST/ZIP/CO:	HOUSTON, TX 77024		

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/ DON E HAKE	DON E HAKE, CONTROLLER	5/15/2012
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.