

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213521561

1.) CORPORATION NAME:

Huttig Building Products, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0044927**

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:

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.

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		

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		

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		

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		

NAME:	DON E HAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	555 MARYVILLE UNIVERSITY DR SUITE 400 ST. LOUIS, MO 63141		

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: 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: R S EVANS TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PL CITY/ST/ZIP/CO: STAMFORD, CT 06905	<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: 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	
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: 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	
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	5/6/2013
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.		