

1.) CORPORATION NAME:

VULCRAFT SALES CORPORATION

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**

DUE DATE: **1/31/2011**

SCC ID NO: **F0275802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 DELAWARE AVENUE STE 1277

CITY/ST/ZIP: WILMINGTON, DE 19801-

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: JOHN J KOACH
TITLE: PRESIDENT
ADDRESS: 300 DELAWARE AVENUE STE 1277
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER DIRECTOR

NAME: JAMES D FRIAS
TITLE: VICE PRESIDENT
ADDRESS: 300 DELAWARE AVE STE 1277
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER DIRECTOR

NAME: ANDREW T PANACCIONE
TITLE: SECRETARY
ADDRESS: 300 DELAWARE AVE
STE 1277
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER DIRECTOR

NAME: A RAE EAGLE
TITLE: ASST SECRETARY
ADDRESS: 300 DELAWARE AVE
STE 1277
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER DIRECTOR

NAME: ELIZABETH W BOWERS
TITLE: ASST SECRETARY
ADDRESS: 300 DELAWARE AVENUE
STE 1277
CITY/ST/ZIP/CO: WILMINGTON, DE 19801-

OFFICER DIRECTOR

NAME: ANDREW T PANACCIONE TITLE: TREASURER ADDRESS: 300 DELAWARE AVENUE SUITE 1277 CITY/ST/ZIP/CO: WILMINGTON, DE 19801-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: SCOTT LANIER TITLE: DIRECTOR ADDRESS: 300 DELAWARE AVENUE SUITE 1277 CITY/ST/ZIP/CO: WILMINGTON, DE 19801-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL D KELLER TITLE: VICE PRESIDENT ADDRESS: 300 DELAWARE AVENUE SUITE 1277 CITY/ST/ZIP/CO: WILMINGTON, DE 19801-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ALAN D JAMES TITLE: ASST SECRETARY ADDRESS: 300 DELAWARE AVENUE SUITE 1277 CITY/ST/ZIP/CO: WILMINGTON, DE 19801-	<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/ ELIZABETH W BOWERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH W BOWERS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/14/2011 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.		