

1.) CORPORATION NAME:

VULCRAFT SALES CORPORATION

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN J KOACH		
TITLE: PRESIDENT		
ADDRESS: 300 DELAWARE AVENUE STE 1277		
CITY/ST/ZIP/CO: WILMINGTON, DE 19801		

	<input checked="" 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 checked="" type="checkbox"/> 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: ANDREW T PANACCIONE		
TITLE: SECRETARY		
ADDRESS: 300 DELAWARE AVE STE 1277		
CITY/ST/ZIP/CO: WILMINGTON, DE 19801		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ELIZABETH W BOWERS		
TITLE: ASST SECRETARY		
ADDRESS: 300 DELAWARE AVENUE STE 1277		
CITY/ST/ZIP/CO: WILMINGTON, DE 19801		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: A RAE EAGLE		
TITLE: ASST SECRETARY		
ADDRESS: 300 DELAWARE AVE STE 1277		
CITY/ST/ZIP/CO: WILMINGTON, DE 19801		

NAME:	ALAN D JAMES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 DELAWARE AVENUE		
CITY/ST/ZIP/CO:	SUITE 1277 WILMINGTON, DE 19801		

NAME:	SCOTT LANIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 DELAWARE AVENUE		
CITY/ST/ZIP/CO:	SUITE 1277 WILMINGTON, DE 19801		

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	ELIZABETH W BOWERS, ASST	1/2/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.