

1.) CORPORATION NAME:

Oldcastle APG Northeast, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F0396046**

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
COMA	300
COMB	3,000
PREFER	3,800

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7920 NOTES DR

CITY/ST/ZIP: MANASSAS, VA 22110-

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 K O'NEILL
TITLE: P/RCOO
ADDRESS: 7920 NOTES DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 22110-

OFFICER

DIRECTOR

NAME: GARY P HICKMAN
TITLE: ASST S
ADDRESS: 7920 NOTES DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 22110-

OFFICER

DIRECTOR

NAME: MICHAEL SCHAEFFER
TITLE: SECRETARY
ADDRESS: 7920 NOTES DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 22110-

OFFICER

DIRECTOR

NAME: MICHAEL G O'DRISCOLL
TITLE: ASST SECRETARY
ADDRESS: 7920 NOTES DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 22110-

OFFICER

DIRECTOR

NAME: BRIAN DZIUBEK
TITLE: OFFICER
ADDRESS: 7920 NOTES DRIVE
CITY/ST/ZIP/CO: MANASSAS, VA 22110-

OFFICER

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/ GARY P HICKMAN</u>	<u>GARY P HICKMAN, ASST S</u>	<u>10/14/2010</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.