

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214532456

1.) CORPORATION NAME:

WEST WINDOW CORPORATION

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**W E GIESLER
226 INDUSTRIAL PARK DR
PO BOX 3071**

SCC ID NO: **F0435075**

MARTINSVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	110
COMB	9,890

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O DRAWER 3071

CITY/ST/ZIP: MARTINSVILLE, VA 24115

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: DONALD R. HODGES
 TITLE: PRESIDENT/CEO
 ADDRESS: 355 BURCH DR
 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112

OFFICER

DIRECTOR

NAME: ERIC A. GILCHREST
 TITLE: VP/FINANCE
 ADDRESS: 1350 MONTGOMERY LANE
 CITY/ST/ZIP/CO: SOUTHLAKE, TX 76092

OFFICER

DIRECTOR

NAME: DAVID K BYRD
 TITLE: VP-OPERATIONS
 ADDRESS: 1049 JOSEPH MARTIN HWY
 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112

OFFICER

DIRECTOR

NAME: JAMES E MCCULLOCH
 TITLE: VP - SALES
 ADDRESS: 388 OWSLEY DRIVE
 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112

OFFICER

DIRECTOR

NAME: TRACY A LESTER
 TITLE: TREASURER
 ADDRESS: 4265 MCNEIL MILL ROAD
 CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151

OFFICER

DIRECTOR

NAME: W E GIESLER
 TITLE: COB
 ADDRESS: 5053 MORGAN FORD ROAD
 CITY/ST/ZIP/CO: RIDGEWAY, VA 24148

OFFICER

DIRECTOR

NAME: SANDRA J PULLIAM TITLE: SECRETARY ADDRESS: 1810 SPRUCE ST UNIT #104 CITY/ST/ZIP/CO: MARTINSVILLE, VA 24112	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Susan G Hodges TITLE: DIRECTOR ADDRESS: 355 Burch Dr CITY/ST/ZIP/CO: Martinsville, VA 24112	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Pamela G Ferger TITLE: DIRECTOR ADDRESS: 24 Harbour House CITY/ST/ZIP/CO: Key Largo, FL 33037	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Anne S Giesler TITLE: DIRECTOR ADDRESS: 5053 Morgan Ford Rd CITY/ST/ZIP/CO: Ridgeway, VA 24148	<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/ DONALD R. HODGES _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD R. HODGES, PRESIDENT/CEO _____ PRINTED NAME AND CORPORATE TITLE	6/24/2014 _____ 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.		