

1.) CORPORATION NAME:

ALLIED BUILDING PRODUCTS CORP.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN ST.**

SCC ID NO: **F0458739**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMA | 1,400 |
| COMB | 12,600 |
| PREFER | 6,300 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 EAST UNION AVENUE

CITY/ST/ZIP: EAST RUTHERFORD, NJ 07073

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: ROBERT FEURY, JR. TITLE: PRESIDENT ADDRESS: 15 E. UNION AVE CITY/ST/ZIP/CO: EAST RUTHERFORD, NJ 07073 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|--|

| | | |
|---|---|--|
| NAME: MICHAEL G. O'DRISCOLL TITLE: ASST SECRETARY ADDRESS: 900 ASHWOOD PKWY, STE 600 CITY/ST/ZIP/CO: ATLANTA, GA 30338 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|---|--|

| | | |
|--|---|-----------------------------------|
| NAME: FRANK FURIA TITLE: SECRETARY ADDRESS: 15 E. UNION AVE CITY/ST/ZIP/CO: EAST RUTHERFORD, NJ 07073 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: GARY P. HICKMAN TITLE: ASST SECRETARY ADDRESS: 900 ASHWOOD PKWY, STE 600 CITY/ST/ZIP/CO: ATLANTA, GA 30338 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|---|----------------------------------|--|
| NAME: MICHAEL LYNCH TITLE: DIRECTOR ADDRESS: 900 ASHWOOD PKWY, STE 600 CITY/ST/ZIP/CO: ATLANTA, GA 30338 | <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/ GARY P. HICKMAN | GARY P. HICKMAN, ASST SECRETARY | 6/17/2014 |
| 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.