

1.) CORPORATION NAME: <b>NUCOR FASTENER SALES CORPORATION</b>	DUE DATE: <b>4/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	SCC ID NO: <b>F0573289</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 DELAWARE AVE 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.

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| NAME: JOHN J KOACH<br>TITLE: PRESIDENT<br>ADDRESS: 300 DELAWARE AVE STE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801                    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: MICHAEL D KELLER<br>TITLE: VICE PRESIDENT<br>ADDRESS: 300 DELAWARE AVE<br>STE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANDREW T PANACCIONE<br>TITLE: T/S/DIR<br>ADDRESS: 300 DELAWARE AVE STE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801               | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: A RAE EAGLE<br>TITLE: ASST SEC<br>ADDRESS: 300 DELAWARE AVE STE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: ELIZABETH W BOWERS<br>TITLE: ASST SECRETARY<br>ADDRESS: 300 DELAWARE AVENUE<br>SUITE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: SCOTT LANIER<br>TITLE: DIRECTOR<br>ADDRESS: 300 DELAWARE AVE STE 1277<br>CITY/ST/ZIP/CO: WILMINGTON, DE 19801                     | <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/ ELIZABETH W BOWERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH W BOWERS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/20/2015 DATE
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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.