

1.) CORPORATION NAME:

**BATSON-COOK COMPANY**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1130550**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 817 FOURTH AVENUE

CITY/ST/ZIP: WEST POINT, GA 31833

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:	J LITTLETON GLOVER JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SECRE		
ADDRESS:	P O BOX 1038		
CITY/ST/ZIP/CO:	10 BROWN STREET NEWNAN, GA 30264		

NAME:	RAYMOND L MOODY JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	817 FOURTH AVEUNE		
CITY/ST/ZIP/CO:	WEST POINT, GA 31833		

NAME:	JEFF TURNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	200 Galleria Parkway Suite 1300		
CITY/ST/ZIP/CO:	Atlanta, GA 30339		

NAME:	ALESIA E WESSINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	817 FOURTH AVENUE P. O. BOX 151		
CITY/ST/ZIP/CO:	WEST POINT, GA 31833		

NAME:	NORIAKI OHASHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3475 PIEDMONT ROAD STE 1600		
CITY/ST/ZIP/CO:	ATLANTA, GA 30305		

NAME:	Robert R Hall	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 Galleria Parkway Suite 1300		
CITY/ST/ZIP/CO:	Atlanta, GA 30339		

NAME: Mitsuyoshi Tamura TITLE: DIRECTOR ADDRESS: 3475 Piedmont Road NE Suite 1600 CITY/ST/ZIP/CO: Atlanta, GA 30305	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Robert C Garvin TITLE: DIRECTOR ADDRESS: 3475 Piedmont Road NE Suite 1600 CITY/ST/ZIP/CO: Atlanta, GA 30305	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Shinya Urano TITLE: DIRECTOR ADDRESS: 3490 Piedmont Road Suite 900 CITY/ST/ZIP/CO: Atlanta, GA 30305	<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/ ALESIA E WESSINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALESIA E WESSINGER, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/10/2013 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.		