

1.) CORPORATION NAME:

AMERICAN BUILDINGS COMPANY

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **3/31/2011**

SCC ID NO: **F1176991**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000
PREFER	4,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1150 STATE DOCKS ROAD

CITY/ST/ZIP: EUFAULA, AL 36027-

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: AUBREY T. BAUGH III
TITLE: ASST. SECRETARY
ADDRESS: 1150 STATE DOCKS ROAD
CITY/ST/ZIP/CO: EUFAULA, AL 36027-

OFFICER

DIRECTOR

NAME: RONALD K KUENKLER
TITLE: PRESIDENT
ADDRESS: 1150 STATE DOCKS ROAD
CITY/ST/ZIP/CO: EUFAULA, AL 36027-

OFFICER

DIRECTOR

NAME: ANNE SAVAGE
TITLE: ASST SECRETARY
ADDRESS: 1150 STATE DOCKS ROAD
CITY/ST/ZIP/CO: EUFAULA, AL 36027-

OFFICER

DIRECTOR

NAME: GREG BAVA
TITLE: VICE PRESIDENT
ADDRESS: 2401 CONESTOGA DRIVE
CITY/ST/ZIP/CO: CARSON CITY, NV 89706-

OFFICER

DIRECTOR

NAME: JAMES D FRIAS
TITLE: TREASURER
ADDRESS: 1915 REXFORD ROAD
CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-

OFFICER

DIRECTOR

NAME: STEVEN ROWLAN TITLE: VICE PRESIDENT ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ELIZABETH W BOWERS TITLE: ASST SECRETARY ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LONNY LOISELLE TITLE: VICE PRESIDENT ADDRESS: 2101 EAST MAIN CITY/ST/ZIP/CO: EL PASO, IL 61738-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BILL COPE TITLE: VICE PRESIDENT ADDRESS: 501 GOLDEN EAGLE DRIVE CITY/ST/ZIP/CO: LACROSSE, VA 23950-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: A RAE EAGLE TITLE: SECRETARY ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DANIEL R DIMICCO TITLE: DIRECTOR ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HAMILTON LOTT TITLE: DIRECTOR ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211-	<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
3/16/2011 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.	