

1.) CORPORATION NAME:

**AMERICAN BUILDINGS COMPANY**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1176991**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

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.

<p>NAME: RONALD K KUENKLER TITLE: VICE PRESIDENT ADDRESS: 1150 STATE DOCKS ROAD CITY/ST/ZIP/CO: EUFAULA, AL 36027</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CLAY DODGEN TITLE: VICE PRESIDENT ADDRESS: 2401 CONESTOGA DRIVE CITY/ST/ZIP/CO: CARSON CITY, NV 89706</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL GEORGE TITLE: VICE PRESIDENT ADDRESS: 501 GOLDEN EAGLE DRIVE CITY/ST/ZIP/CO: LACROSSE, VA 23950</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN ROWLAN TITLE: VICE PRESIDENT ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JASON SMITH TITLE: VICE PRESIDENT ADDRESS: 2101 EAST MAIN CITY/ST/ZIP/CO: EL PASO, IL 61738</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES D FRIAS TITLE: TREASURER ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: AUBREY T. BAUGH III TITLE: ASST. SECRETARY ADDRESS: 1150 STATE DOCKS ROAD CITY/ST/ZIP/CO: EUFAULA, AL 36027	<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: 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: ANNE SAVAGE TITLE: ASST SECRETARY ADDRESS: 1150 STATE DOCKS ROAD CITY/ST/ZIP/CO: EUFAULA, AL 36027	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JEFFREY B CARMEAN TITLE: PRESIDENT ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RAYMOND S NAPOLITAN, JR. TITLE: DIRECTOR ADDRESS: 1915 REXFORD ROAD CITY/ST/ZIP/CO: CHARLOTTE, NC 28211	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D KELLER 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
2/7/2014 _____ 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.	