

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212532360

1.) CORPORATION NAME:

**Oldcastle BuildingEnvelope, Inc.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1267840**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2745 Dallas Parkway  
Suite 560

CITY/ST/ZIP: PLANO, TX 75093

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	EDWIN B. HATHAWAY		
TITLE:	PRES/CEO		
ADDRESS:	375 NORTHRIDGE ROAD, SUITE 350		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MOLLIE L. HINES		
TITLE:	VP/SEC		
ADDRESS:	375 NORTHRIDGE ROAD, SUITE 350		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GARY P. HICKMAN		
TITLE:	ASST SECRETARY		
ADDRESS:	375 NORTHRIDGE ROAD, SUITE 350		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Kevin Watson		
TITLE:	CFO/Treasurer		
ADDRESS:	375 NORTHRIDGE ROAD, SUITE 350		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael G. O'Driscoll		
TITLE:	DIRECTOR		
ADDRESS:	375 Northridge Road, Suite 350		
CITY/ST/ZIP/CO:	Atlanta, GA 30350		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mark S. Towe		
TITLE:	DIRECTOR		
ADDRESS:	375 Northridge Road, Suite 350		
CITY/ST/ZIP/CO:	Atlanta, GA 30350		

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.

<u>/s/ GARY P. HICKMAN</u>	<u>GARY P. HICKMAN, ASST</u>	<u>8/24/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.