

1.) CORPORATION NAME:

IRBY CONSTRUCTION COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE SERVICE COMPANY

11 SOUTH 12TH ST

PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MS

DUE DATE: **12/30/2010**

SCC ID NO: **F1365875**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 817 S STATE ST

CITY/ST/ZIP: JACKSON, MS 39201-5908

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: WILLIAM J KORLATH TITLE: PRESIDENT ADDRESS: 817 S STATE ST CITY/ST/ZIP/CO: JACKSON, MS 39201-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: VINCENT A MERCALDI TITLE: SECRETARY ADDRESS: 1360 POST OAK BLVD SUITE 2100 CITY/ST/ZIP/CO: HOUSTON, TX 77056-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: ROBERT A CROFT, SR TITLE: CFO/EVP ADDRESS: 817 S STATE ST CITY/ST/ZIP/CO: JACKSON, MS 39201-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: NICHOLAS M. GRINDSTAFF TITLE: TREASURER ADDRESS: 1360 POST OAK BLVD STE 2100 CITY/ST/ZIP/CO: HOUSTON, TX 77056-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |
| <p>NAME: JOHN HOPPER TITLE: VICE PRESIDENT ADDRESS: 817 S. STATE STREET CITY/ST/ZIP/CO: JACKSON, MS 39201-</p> | <p><input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR</p> |

| | | | |
|------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SCOTT ARGYLE VICE PRESIDENT 817 S. STATE STREET JACKSON, MS 39201- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|

| | | | |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CHARLES GATEWOOD VICE PRESIDENT 817 S. STATE STREET JACKSON, MS 39201- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|

| | | | |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MARGARET RUSHING VICE PRESIDENT 817 S. STATE STREET JACKSON, MS 39201- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|

| | | | |
|------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JAMES H. HADDOX DIRECTOR 1360 POST OAK BLVD STE 2100 HOUSTON, TX 77056- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|

| | | | |
|------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TANA L. POOL DIRECTOR 1360 POST OAK BLVD STE 2100 HOUSTON, TX 77056- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|

| | | | |
|------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DERRICK A. JENSEN DIRECTOR 1360 POST OAK BLVD STE 2100 HOUSTON, TX 77056- | <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/ VINCENT A MERCALDI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | VINCENT A MERCALDI, SECRETARY PRINTED NAME AND CORPORATE TITLE | 11/4/2010 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.