

1.) CORPORATION NAME:

JELD-WEN, INC.

DUE DATE: **2/29/2012**

SCC ID NO: **F1367780**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 HARBOR ISLES BLVD

CITY/ST/ZIP: KLAMATH FALLS, OR 96701-

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: R SAXTON
TITLE: EXEC VP/S
ADDRESS: 3250 LAKEPORT BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: D YOUNG
TITLE: VICE PRESIDENT
ADDRESS: 401 HARBOR ISLES BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: M R WENDT
TITLE: TREASURER
ADDRESS: 401 HARBOR ISLES BLVD
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: B J HOMRIGHAUS
TITLE: COO
ADDRESS: 3250 LAKEPORT BLVD.
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: R F TURNER
TITLE: CHAIRMAN
ADDRESS: 3250 LAKEPORT BLVD.
CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-

OFFICER

DIRECTOR

NAME: R C WENDT TITLE: CEO ADDRESS: 3250 LAKEPORT BLVD CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: P ORSINO TITLE: PRESIDENT ADDRESS: 3250 LAKEPORT BLVD. CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: P TOLBERT TITLE: DIRECTOR ADDRESS: 3250 LAKEPORT BLVD. CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: A MONK TITLE: DIRECTOR ADDRESS: 3250 LAKEPORT BLVD. CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: M ROSS TITLE: DIRECTOR ADDRESS: 3250 LAKEPORT BLVD. CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R N STUART TITLE: CFO ADDRESS: 401 HARBOR ISLES BLVD. CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601-	<input checked="" type="checkbox"/> OFFICER <input 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/ D YOUNG	D YOUNG, VICE PRESIDENT
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE
	2/21/2012
	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.	