

1.) CORPORATION NAME:

JELD-WEN, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1367780**

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:	P ORSINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3250 LAKEPORT BLVD.		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	R SAXTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/S		
ADDRESS:	3250 LAKEPORT BLVD		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	B J HOMRIGHAUS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	3250 LAKEPORT BLVD.		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	R C WENDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	3250 LAKEPORT BLVD		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	A MUNK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3250 LAKEPORT BLVD.		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	M ROSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3250 LAKEPORT BLVD.		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		

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: S WYNNE TITLE: VICE PRESIDENT ADDRESS: 401 HARBOR ISLES BLVD CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: W SHAFFNER TITLE: VICE PRESIDENT ADDRESS: 3250 LAKEPORT BLVD CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: D G STORK TITLE: VICE PRESIDENT ADDRESS: 3250 LAKEPORT BLVD CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: N A LAPPING TITLE: VICE PRESIDENT ADDRESS: LOCKED BAG 388 CITY/ST/ZIP/CO: RYDALMERE, NSW 2116, AU	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: J B MORTENSEN TITLE: VICE PRESIDENT ADDRESS: DANMARK SUE 19 CITY/ST/ZIP/CO: LOGSTAR, DK 9670, DK	<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 GSTORK	D GSTORK,		2/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.				