

1.) CORPORATION NAME:

JELD-WEN, INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	S WYNNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 HARBOR ISLES BLVD		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	N A LAPPING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	LOCKED BAG 388		
CITY/ST/ZIP/CO:	RYDALMERE,NSW,2116,AUSTRALIA , , FN		
NAME:	W SHAFFNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3250 LAKEPORT BLVD		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		
NAME:	D G STORK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3250 LAKEPORT BLVD		
CITY/ST/ZIP/CO:	KLAMATH FALLS, OR 97601		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B J HOMRIGHAUS VICE PRESIDENT 3250 LAKEPORT BLVD. KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R C WENDT CHAIRMAN 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A MUNK DIRECTOR 3250 LAKEPORT BLVD. KLAMATH FALLS, OR 97601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M ROSS DIRECTOR 3250 LAKEPORT BLVD. KLAMATH FALLS, OR 97601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	P TOLBERT DIRECTOR 3250 LAKEPORT BLVD. KLAMATH FALLS, OR 97601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J CARTER DIRECTOR 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. COTTRILL VICE PRESIDENT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. MORRISON VICE PRESIDENT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. AMBRUZ VICE PRESIDENT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. MERRILL VICE PRESIDENT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	K. MANI VICE PRESIDENT 3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: S. VINING TITLE: VICE PRESIDENT ADDRESS: 401 HARBOR ISLE BLVD CITY/ST/ZIP/CO: KLAMATH FALLS, OR 97601	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: J. LINKER TITLE: TREASURER ADDRESS: 3250 LAKEPORT 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 G STORK	D G STORK, VICE PRESIDENT	2/12/2014
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.