

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211508617

1.) CORPORATION NAME:

Cogentrix Parts Company, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1469719**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9405 ARROWPOINT BLVD

CITY/ST/ZIP: CHARLOTTE, NC 28273-8110

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:	THOMAS J BONNER	
TITLE:	PRESIDENT	
ADDRESS:	9405 ARROWPOINT BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-8110	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS L MILLER	
TITLE:	VP/SEC	
ADDRESS:	9405 ARROWPOINT BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-8110	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	S M RUDOLPH	
TITLE:	CONT/CAO	
ADDRESS:	9405 ARROWPOINT BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-8110	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ORLANDO FIGUEROA	
TITLE:	DIRECTOR	
ADDRESS:	9405 ARROWPOINT BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PHYLLIS K GREEN	
TITLE:	ASST SECRETARY	
ADDRESS:	9405 ARROWPOINT BLVD	
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-	

NAME: JACOB A POLLACK TITLE: ASST SECRETARY ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: H LIN ALTAMURA TITLE: ASST SECRETARY ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273-8110	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CLIFFORD D EVANS, JR. TITLE: VICE PRESIDENT ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN GASBARRO TITLE: VICE PRESIDENT ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM E HASHE TITLE: VICE PRESIDENT ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, VA 28273-	<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/ DOUGLAS L MILLER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS L MILLER, VP/SEC _____ PRINTED NAME AND CORPORATE TITLE	4/27/2011 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.		