

1.) CORPORATION NAME:

Cogentrix Parts Company, Inc.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1469719**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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.

NAME:	THOMAS J BONNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9405 ARROWPOINT BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-8110		
NAME:	DOUGLAS L MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	9405 ARROWPOINT BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273-8110		
NAME:	CLIFFORD D EVANS, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9405 ARROWPOINT BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		
NAME:	JOHN GASBARRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9405 ARROWPOINT BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28273		
NAME:	WILLIAM E HASHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9405 ARROWPOINT BLVD		
CITY/ST/ZIP/CO:	CHARLOTTE, VA 28273		
NAME:	PHYLLIS K GREEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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: S M RUDOLPH TITLE: CONT/CAO ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273-8110	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ORLANDO FIGUEROA TITLE: DIRECTOR ADDRESS: 9405 ARROWPOINT BLVD CITY/ST/ZIP/CO: CHARLOTTE, NC 28273	<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/ DOUGLAS L MILLER	DOUGLAS L MILLER, VP/SEC	4/25/2012
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.		