

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213553430

1.) CORPORATION NAME:

DGI-Menard Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1578915**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 275 MILLERS RUN ROAD

CITY/ST/ZIP: BRIDGEVILLE, PA 15017-1321

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: | SETH PEARLMAN | | |
| TITLE: | PRESIDENT/CEO | | |
| ADDRESS: | 275 MILLERS RUN ROAD | | |
| CITY/ST/ZIP/CO: | BRIDGEVILLE, PA 15017-1321 | | |

| | | | |
|-----------------|----------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | FREDERIC MASSE | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 275 MILLERS RUN ROAD | | |
| CITY/ST/ZIP/CO: | BRIDGEVILLE, PA 15017-1321 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | LYLE VANCE SILVERMAN | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 275 MILLERS RUN ROAD | | |
| CITY/ST/ZIP/CO: | BRIDGEVILLE, VA 15017 | | |

| | | | |
|-----------------|----------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | RICHARD A HAMMERS | | |
| TITLE: | CFO/SEC | | |
| ADDRESS: | 175 MILLERS RUN ROAD | | |
| CITY/ST/ZIP/CO: | BRIDGEVILLE, PA 15017-1321 | | |

| | | | |
|-----------------|-------------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ROGER BLOOMFIELD | | |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 12001 SUNRISE VALLEY DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 400 RESTON, VA 20191 | | |

| | | | |
|-----------------|------------------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MARC LACAZEDIEU | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2 RUE GUTENBERG | | |
| CITY/ST/ZIP/CO: | NOZAY,91620,FRANCE , , FN | | |

| | | | |
|-----------------|------------------------------|----------------------------------|--|
| NAME: | PHILIPPE LIAUSU | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2 RUE GUTENBERG | | |
| CITY/ST/ZIP/CO: | NOZAY,91620,FRANCE , , FN | | |

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.

| | | |
|---|---|------------------|
| <u>/s/ SETH PEARLMAN</u> | <u>SETH PEARLMAN,</u> | <u>11/5/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT/CEO 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.