

1.) CORPORATION NAME:

**POMA GLASS & SPECIALTY WINDOWS INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION  
4701 COX DR STE 301  
GLEN ALLEN, VA 23060-6803**

SCC ID NO: **F1652124**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	750

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 365 MCCLURG STE E

CITY/ST/ZIP: BOARDMAN, OH 44512

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:	MAREHISA ISHIKO	
TITLE:	P/D	
ADDRESS:	11175 CICERO DR STE 400	
CITY/ST/ZIP/CO:	ALPHAREITA, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SERGE MARTIN	
TITLE:	VICE PRESIDENT	
ADDRESS:	11175 CICERO DRIVE	
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER F CORRENTI	
TITLE:	VICE PRESIDENT	
ADDRESS:	11175 CICERO DR STE 400	
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAZUHIRO SAKO	
TITLE:	VICE PRESIDENT	
ADDRESS:	11175 CICERO DRIVE	
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER F. CORRENTI	
TITLE:	SECRETARY	
ADDRESS:	11175 CICERO DRIVE	
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHLEEN MORENO	
TITLE:	ASST SECRETARY	
ADDRESS:	11175 CICERO DRIVE	
CITY/ST/ZIP/CO:	SUITE 400 ALPHARETTA, GA 30022	

NAME: KELLY LAWLER TITLE: CHIEF TAX OFFICER ADDRESS: 11175 CICERO DRIVE SUITE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KAZUHIRO SAKO TITLE: CFO ADDRESS: 11175 CICERO DR STE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: T. SOMMERS TITLE: DIRECTOR OF FAB ADDRESS: 11175 CICERO DRIVE SUITE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: K. MORIYAMA TITLE: DIRECTOR ADDRESS: 11175 CICERO DRIVE SUITE 400 CITY/ST/ZIP/CO: ALPHARETTA, GA 30022	<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/ KATHLEEN MORENO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN MORENO, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/12/2012 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.		