

1.) CORPORATION NAME:

POMA GLASS & SPECIALTY WINDOWS INC.

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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: 1400 LINCOLN STREET

CITY/ST/ZIP: KINGSPOUR, TN 37660

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: | MICHAEL ANTONUCCI | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 11175 CICERO DRIVE | |
| | SUITE 400 | |
| CITY/ST/ZIP/CO: | 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 | |
| | SUITE 400 | |
| CITY/ST/ZIP/CO: | ALPHARETTA, GA 30022 | |

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

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | KELLY LAWLER | |
| TITLE: | CHIEF TAX OFFIC | |
| 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 | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | T. SOMMERS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR OF FAB | | |
| ADDRESS: | 11175 CICERO DRIVE | | |
| | SUITE 400 | | |
| CITY/ST/ZIP/CO: | ALPHARETTA, GA 30022 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| NAME: | MASAHIRO TAKEDA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11175 CICERO DRIVE | | |
| | SUITE 400 | | |
| CITY/ST/ZIP/CO: | ALPHARETTA, GA 30022 | | |

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/ CHRISTOPHER F CORRENTI | CHRISTOPHER F CORRENTI, | 1/21/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | VICE PRESIDENT | DATE |
| | PRINTED NAME AND CORPORATE TITLE | |

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.