

1.) CORPORATION NAME:

**Beacon Sales Acquisition, Inc.**

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

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **8/31/2011**

SCC ID NO: **F1798919**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE LAKELAND PARK DRIVE

CITY/ST/ZIP: PEABODY, MA 01960-

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 type="checkbox"/> DIRECTOR
NAME:	GERARD HILL	
TITLE:	PRESIDENT	
ADDRESS:	50 WEBSTER AVE	
CITY/ST/ZIP/CO:	SOMERVILLE, MA 02143-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL M ISABELLA	
TITLE:	PRESIDENT	
ADDRESS:	ONE LAKELAND PARK DRIVE	
CITY/ST/ZIP/CO:	PEABODY, MA 01960-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROSS D COOPER	
TITLE:	SECRE,VP	
ADDRESS:	5244 RIVER ROAD SECOND FLOOR	
CITY/ST/ZIP/CO:	BETHESDA, MD 20816-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES I MACKIMM	
TITLE:	SENIOR VP	
ADDRESS:	50 WEBSTER AVE	
CITY/ST/ZIP/CO:	SOMERVILLE, MA 02143-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICK C WELKER	
TITLE:	ASST SECRETARY	
ADDRESS:	ONE LAKELAND PARK DRIVE	
CITY/ST/ZIP/CO:	PEABODY, MA 01960-	

NAME: DAVID R GRACE TITLE: TREA ADDRESS: ONE LAKELAND PARK DRIVE CITY/ST/ZIP/CO: PEABODY, MA 01960-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: ROBERT R BUCK TITLE: COB ADDRESS: 505 HUNTMAR PARK DRIVE 300 CITY/ST/ZIP/CO: HERNDON, VA 20170-	<input checked="" 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/ DAVID R GRACE	DAVID R GRACE, TREA	8/11/2011
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.