

1.) CORPORATION NAME: JELD-WEN DOOR REPLACEMENT SYSTEMS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: OR	DUE DATE: 1/31/2015 SCC ID NO: F1814567 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 401 HARBOR ISLES BLVD CITY/ST/ZIP: KLAMATH FALLS, OR 97601

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: WALLACE D CORWIN TITLE: PRESIDENT ADDRESS: 63160 BRITTA ST CITY/ST/ZIP/CO: BEND, OR 97701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT V MITCHELL TITLE: VICE PRESIDENT ADDRESS: 63160 BRITTA STREET CITY/ST/ZIP/CO: BEND, OR 97701	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL WESTFALL TITLE: SEC/TREAS ADDRESS: 62845 BOYD ACRES RD CITY/ST/ZIP/CO: BEND, OR 97701	<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/ WALLACE D CORWIN	WALLACE D CORWIN, PRESIDENT	1/14/2015
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.