

1.) CORPORATION NAME:

TALBERT BUILDING SUPPLY, INC.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**TRACY L QUACKENBUSH
49 MAPLE AVE
PO BOX 1219**

SCC ID NO: **F1855016**

HALIFAX, VA 24558

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1101 OLD DURHAM RD
PO BOX 349

CITY/ST/ZIP: ROXBORO, NC 27573

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:	DANIEL M TALBERT SR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME:	THOMAS J NORMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME:	WILLIAM S TALBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME:	DANIEL M TALBERT JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME:	LYNN M WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME: CAROLYN B TALBERT TITLE: SECRETARY ADDRESS: 1101 OLD DURHAM RD PO BOX 349 CITY/ST/ZIP/CO: ROXBORO, NC 27573	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD E CLAYTON TITLE: VICE PRESIDENT ADDRESS: 1101 OLD DURHAM RD PO BOX 349 CITY/ST/ZIP/CO: ROXBORO, NC 27573	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY C LONG TITLE: VICE PRESIDENT ADDRESS: 1101 OLD DURHAM RD PO BOX 349 CITY/ST/ZIP/CO: ROXBORO, NC 27573	<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/ LYNN M WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LYNN M WILLIAMS, VP/DIR PRINTED NAME AND CORPORATE TITLE	3/27/2012 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.		