

1.) CORPORATION NAME:

**TALBERT BUILDING SUPPLY, INC.**

DUE DATE: **3/31/2013**

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:

**NC**

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:	DONALD E CLAYTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1101 OLD DURHAM RD		
	PO BOX 349		
CITY/ST/ZIP/CO:	ROXBORO, NC 27573		

NAME:	JUDY C LONG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
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 TITLE: VP/DIR 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: LYNN M WILLIAMS TITLE: VP/DIR 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: 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
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	1/21/2013 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.		