No. <b>C 90635</b>		Due no later than Oct 31, 2013	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JELD-WEN, INC.  BRAD ELAM TAX DEPARTMENT  401 HARBOR ISLES BLVD	BOISE ID 837 USA			
NO FILING FEE IF RECEIVED BY DUE DATE		KLAMATH FALLS OR 97601	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter	Names and Busine	ess Addresses of President, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	P ORSINO	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	R C WENDT	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
SECRETARY	R SAXTON	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	R SAXTON	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	J CARTER	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	P ORSINO	3250 LAKEPORT BLVD.	KLAMATH FALLS	OR	USA	97601
DIRECTOR	S WYNNE	401 HARBOR ISLES BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	M ROSS	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	A MUNK	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
DIRECTOR	P TOLBERT	3250 LAKEPORT BLVD	KLAMATH FALLS	OR	USA	97601
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
OR C 90635		Signature: Brad Elam Date: 10/03/2013				
		Name (type or print): Brad Elam	Title: Stm			
Processed 10/03/2013		* Electronically provided signatures are accepted as original si	gnatures.			