

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21118.3190--10/26/2011

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211183190

1. CORPORATION NAME:
CUSTOM METAL FABRICATORS, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
JOSEPH DEAN JOHNSON

DUE DATE: 12/31/11

SCC ID NO.: 0124172-8

7601 WHITEPINE RD

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

RICHMOND, VA 23237

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
120-CHESTERFIELD COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 7601 WHITEPINE RD	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23237	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOSEPH D JOHNSON	NAME:
TITLE: P/REG A	TITLE:
ADDRESS: 7601 WHITEPINE ROAD	ADDRESS:
CITY/ST/ZIP: RICHMOND, VA 23237	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Gary K Johnson Gary K Johnson U.P. 10/25/11
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 that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:
CUSTOM METAL FABRICATORS, INC.

DUE DATE: 12/31/11
SCC ID NO.: 0124172-8

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: GARY K JOHNSON TITLE: VICE PRESIDENT ADDRESS: 17411 LEAMASTER RD CITY/ST/ZIP: PETERSBURG, VA 23803	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: JOAN D. CLARKE TITLE: SECRETARY ADDRESS: 1713 WALTHALL CREEK DRIVE CITY/ST/ZIP: COLONIAL HEIGHTS, VA 23834	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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