

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001947

FILED  
Mar 25, 2004  
Secretary of State

Entity Name: FREUDENBERG BUILDING SYSTEMS, INC.

## Current Principal Place of Business:

94 GLENN STREET  
LAWRENCE, MA 01843

## New Principal Place of Business:

## Current Mailing Address:

94 GLENN STREET  
LAWRENCE, MA 01843

## New Mailing Address:

FEI Number: 06-1186935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: SCHLITT, JOCHEN  
Address: FREUDENBERG BAUSYSTEME, POSTFACH 6940  
City-St-Zip: WEINHEIM, GE

Title: D ( ) Delete  
Name: FISCHER, DR. RUDIGER  
Address: FREUDENBERG BAUSYSTEME, POSTFACH 6940  
City-St-Zip: WEIHNEIM, GE

Title: D ( ) Delete  
Name: RUMPLER, DIETER  
Address: FREUDENBERG BAUSYSTEME, POSTACH 6940  
City-St-Zip: WEIHNEIM GE,

Title: S ( ) Delete  
Name: MCAULIFFE, E. TIMOTHY  
Address: 330 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: AST ( ) Delete  
Name: MACY, PHILLIP  
Address: 94 GLENN ST.  
City-St-Zip: LAWRENCE, MA

Title: V ( ) Delete  
Name: SCHMICK, DENNIS  
Address: 94 GLENN ST  
City-St-Zip: LAWRENCE, MA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP MACY

AST

03/25/2004

Electronic Signature of Signing Officer or Director

Date

PHILIPP LEFERENZ /DIRECTOR  
94 GLENN ST.  
LAWRENCE, MA 01843