2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001947

Entity Name: FREUDENBERG BUILDING SYSTEMS, INC.

FILED Aug 18, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
94 GLENN : LAWRENC	STREET E, MA 01843				
Current Mailing Address:			New Mailin	New Mailing Address:	
94 GLENN : LAWRENC	STREET E, MA 01843				
FEI Number: (06-1186935	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1200 SOUT	PRATION SYST TH PINE ISLAN DN, FL 33324				
The above r		ubmits this statement for the pur	pose of changing its	s registered office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Agent		Date	
Election Cam		(2)(b), F.S., the corporation did not re Trust Fund Contribution ().	•	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHLITT, JOCHI	Delete EN BAUSYSTEME, POSTFACH 6940	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FISCHER, DR. R	Delete UDIGER BAUSYSTEME, POSTFACH 6940	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RUMPLER, DIET	Delete ER BAUSYSTEME, POSTACH 6940	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I MCAULIFFE, E. 330 MADISON A' NEW YORK, NY	TIMOTHY VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AST () I MACY, PHILLIP 94 GLENN ST. LAWRENCE, MA	Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () I SCHMICK, DENN 94 GLENN ST LAWRENCE, MA		Title: Name: Address: City-St-Zip:	PRES (X) Change () Addition SCHMICK, DENNIS 94 GLENN ST LAWRENCE, MA	

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: PHIL MACY AST 08/18/2005