

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001947

FILED
Apr 29, 2009
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: FUTSCHER, HEINZ
Address: FREUDENBERG BAUSYSTEME, POSTFACH 6940
City-St-Zip: WEINHEIM, GE

Title: D () Delete
Name: HOFFMAN, CHRISTA
Address: FREUDENBERG BAUSYSTEME, POSTFACH 6940
City-St-Zip: WEIHNEIM, GE

Title: D () Delete
Name: LEFERENZ, PHILIPP
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 01843

Title: PRES () Delete
Name: SCHMICK, DENNIS
Address: 94 GLENN ST
City-St-Zip: LAWRENCE, MA 01843

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: S (X) Change () Addition
Name: SMOOT, STEVE
Address: 101 ARCH STREET 9TH FLOOR
City-St-Zip: BOSTON, MA 02110

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 exemption stated in Chapter 119, 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date