


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90405 015 ***150.00

DOCUMENT # P00906					
1. Entity Name SPECIALTY PRODUCTS & INSULATION CO.					
Principal Place of Business 1097 COMMERCIAL AVE E PETERSBURG, PA 17520 US			Mailing Address P O BOX 576 E PETERSBURG, PA 17520 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYNER, ROBERT M			NAME	DANIEL D. Bofinger
STREET ADDRESS	1097 COMMERCIAL AVE			STREET ADDRESS	1097 Commercial Ave.
CITY-ST-ZIP	E PETERSBURG, PA 17520			CITY-ST-ZIP	East Petersburg PA 17520
TITLE	AS	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHANY, RONALD E			NAME	Jeff P. Harp
STREET ADDRESS	1097 COMMERCIAL AVE			STREET ADDRESS	1097 Commercial
CITY-ST-ZIP	E PETERSBURG, PA 17520			CITY-ST-ZIP	East Petersburg PA 17520
TITLE	VTS	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICARLO, BENJAMIN G			NAME	John. R. Birk
STREET ADDRESS	1097 COMMERCIAL AVE.			STREET ADDRESS	105 Coelmo Court, Unit 202
CITY-ST-ZIP	EAST PETERSBURG, PA 17520			CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	V	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEEHERY, MICHAEL C			NAME	Clara A. Burnham
STREET ADDRESS	7210 N LOOP EAST			STREET ADDRESS	65 E. 55th St., 33rd Floor
CITY-ST-ZIP	HOUSTON, TX 77028			CITY-ST-ZIP	New York, NY 10022
TITLE	P	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, RICHARD M			NAME	John T. Dillon
STREET ADDRESS	19710 58TH PLACE SOUTH			STREET ADDRESS	20 Horse Neck Lane
CITY-ST-ZIP	KENT, WA 98032			CITY-ST-ZIP	Greenwich, CT 06830
TITLE	P	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATTGEN, CHARLES F			NAME	W. Kirk Liddell
STREET ADDRESS	1097 COMMERCIAL AVENUE			STREET ADDRESS	120 N. Lime St
CITY-ST-ZIP	EAST PETERSBURG, PA 17520			CITY-ST-ZIP	Lancaster PA 17602
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Donald E. Bofinger</u> Assistant Secretary <u>3-16-06</u> <u>717-569-3800</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50008312



03162006 Chg-P CR2E034 (11/05)

4. FEI Number **23-1713012** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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SIGNATURE: Donald E. Bofinger Assistant Secretary 3-16-06 717-569-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~ATTACHMENT~~
~~S.O. 008312~~
~~# P00906~~

SPECIALTY PRODUCTS & INSULATION CO.
FEIN 23-1713012
DOCUMENT # P00906

Additional Director

John O. Shirk
126 E. King Street
Lancaster, PA 17602