

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P01011 (6)**

1. Corporation Name  
**ASSOCIATED MATERIALS INCORPORATED**



Principal Place of Business <b>3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309</b>	Mailing Address <b>3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309-2010</b>
----------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>02/23/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>75-1872487</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>WINSPEAR, WILLIAM W.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD.</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	<b>SVT</b> <input type="checkbox"/> DELETE
NAME	<b>WINSPEAR, ROBERT L.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD.</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, PATRICIA M.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD.</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>KAUFMAN, DONALD L.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>BUSSMAN, JAMES R.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ST. CLAIR, MICHAEL R.</b>
STREET ADDRESS	<b>3773 AKRON-CLEVELAND RD.</b>
CITY-ST-ZIP	<b>AKRON OH</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. R. St. Clair* **M. R. St. Clair, Vice President 4/16/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day (330) 922-2079 No. 0479160

CR2E034 (9/96)