

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01011 (6)
 1. Corporation Name
ASSOCIATED MATERIALS INCORPORATED



Principal Place of Business 3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309	Mailing Address 3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/23/1984	
4. FEI Number 75-1872487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	Campbell, David A.
3.4 CITY-ST-ZIP	3773 Akron-Cleveland Road Akron, OH 44223
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 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 3/24/98

CR2E034 (10/97)