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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90070 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01011
 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1872487	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" 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

FL

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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	WINSPEAR, WILLIAM W.	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	
CITY-ST-ZIP	AKRON OH	
TITLE	SVT	
NAME	WINSPEAR, ROBERT L.	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	
CITY-ST-ZIP	AKRON OH	
TITLE	AS	
NAME	CAMPBELL, DAVID A	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	
CITY-ST-ZIP	AKRON OH 44223	
TITLE	VPD	
NAME	KAUFMAN, DONALD L.	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	
CITY-ST-ZIP	AKRON OH	
TITLE	VP	
NAME	BUSSMAN, JAMES R.	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	
CITY-ST-ZIP	AKRON OH	
TITLE	V	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	TITLE		
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE		
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE		
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE		
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE		
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE		
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, with all other like empowered.

SIGNATURE: M. R. St. Clair M.R. St. Clair, Vice President 4/5/99 (330)922-2079
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)