


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P01011 1. Entity Name ASSOCIATED MATERIALS INCORPORATED |  |
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|---|---|
| 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 |
|---|---|



04152005 No Chg-P CR2E034 (10/03)

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| | |
|---|---------------------------------------|
| 4. FEI Number 75-1872487 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAPORALE, MICHAEL JR. 3773 STATE RD. CUYAHOGA FALLS, OH 44223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LAVANWAY, DONALD K 3773 STATE RD. CUYAHOGA FALLS, OH 44223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SOBE, CYNDI 3773 STATE RD. CUYAHOGA FALLS, OH 44223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KLEINMAN, IRA 3773 STATE RD. CUYAHOGA FALLS, OH 44223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOY, JEFFERY F 33 LEDGEWOOD DRIVE COHASSET, MA 02025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARENZ, THOMAS 3773 STATE RD. CUYAHOGA FALLS, OH 44223 |

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04/26/05-80018-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cyndi Sobe **Cyndi Sobe, Vice President** 4/18/2005 330/922-22

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