

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32377 (4)**  
1. Corporation Name  
**ATLAS ROLL-LITE DOOR CORPORATION**



Principal Place of Business: 10407 ROCKET BLVD, 21001 VAN BORN ROAD, ORLANDO FL 32824, US  
Mailing Address: % MASCOTECH, INC., 21001 VAN BORN ROAD, TAYLOR MI 48180, US

3. Date Incorporated or Qualified: 12/28/1990  
3a. Date of Last Report: 04/17/1995  
4. FEI Number: 22-2341770  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 312 WALNUT STREET, SUITE 1600, CINCINNATI, OHIO, 45202  
2a. Mailing Address: 26 312 WALNUT STREET, SUITE 1600, CINCINNATI, OHIO, 45202

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH 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, FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and date of signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VTD NAME: WADHAMS, TIMOTHY STREET ADDRESS: 21001 VAN BORN RD. CITY-ST-ZIP: TAYLOR MI	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: WILLIAM J. SACHS, JR. 1.3 STREET ADDRESS: 312 WALNUT STREET, SUITE 1600 1.4 CITY-ST-ZIP: CINCINNATI, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: SILVERMAN, BARRY J. STREET ADDRESS: 21001 VAN BORN RD. CITY-ST-ZIP: TAYLOR MI	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: S 2.2 NAME: DAVID B. LOPEZ 2.3 STREET ADDRESS: 312 WALNUT STREET, SUITE 1600 2.4 CITY-ST-ZIP: CINCINNATI, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: MCLANE, JOHN L. STREET ADDRESS: 10407 ROCKET BLVD. CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	3.1 TITLE: V 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVP NAME: GARDNER, LEE M. STREET ADDRESS: 21001 VAN BORN RD. CITY-ST-ZIP: TAYLOR MI	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: T 4.2 NAME: MARY M. VONDRAK 4.3 STREET ADDRESS: 312 WALNUT STREET, SUITE 1600 4.4 CITY-ST-ZIP: CINCINNATI, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: RUEF, JAMES M. STREET ADDRESS: 10407 ROCKET BLVD CITY-ST-ZIP: ORLANDO FL	<input type="checkbox"/> DELETE	5.1 TITLE: V 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPF NAME: SHAH, BIPIN STREET ADDRESS: 10407 ROCKET BLVD. CITY-ST-ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: GEORGE A. STRUTZ, JR. 6.3 STREET ADDRESS: 312 WALNUT STREET, SUITE 1600 6.4 CITY-ST-ZIP: CINCINNATI, OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clayton M. Jondrak* 4/24/96 (513) 762-3581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)