

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P37330** (8)
1. Corporation Name
WEATHER-FLEX, INCORPORATED

Principal Place of Business Mailing Address
C/O L. BANASZAK **C/O L. BANASZAK**
P.O. BOX 22 **P.O. BOX 22**
BUFFALO NY 14240 **BUFFALO NY 14240**

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

APPROVED AND FILED
95 APR 25 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/31/1992** 3a. Date of Last Report **04/06/1994**
4. FEI Number **16-1351300** Applied For Not Applicable
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

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and for if regular (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTIGLIA, JOSEPH J.	1.2 NAME	
STREET ADDRESS	75 TONAWANDA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT L.	2.2 NAME	
STREET ADDRESS	75 TONAWANDA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDT, JAMES R.	3.2 NAME	
STREET ADDRESS	75 TONAWANDA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	3.4 CITY - ST - ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, RAYMOND D JR	4.2 NAME	
STREET ADDRESS	75 TONAWANDA STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLIGAN, JAMES M	5.2 NAME	
STREET ADDRESS	75 TONAWANDA STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	BUFFALO NY	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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: J.M. Culligan **J.M. Culligan** 4/5/95 716-873-6000
Signature and typed or printed name of signing officer or director Date Expiration Date