FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
- ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01011** **(6)**

1. Corporation Name
ASSOCIATED MATERIALS INCORPORATED

Principal Place of Business	Mailing Address
3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309	3773 AKRON-CLEVELAND ROAD PO BOX 2010 AKRON OH 44309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/23/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **75-1872487** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WINSPEAR, WILLIAM W.	12 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	13 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	14 CITY-ST-ZIP	
TITLE	SVT	21 TITLE	☐ Change ☐ Addition
NAME	WINSPEAR, ROBERT L.	22 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	23 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	VAUGHAN, PATRICIA M.	32 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	33 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, DONALD L.	42 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	43 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	BUSSMAN, JAMES R.	52 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	53 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	ST. CLAIR, MICHAEL R.	62 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	63 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	64 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 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, Vice President M. R. St. Clair 4/26/95 (216) 922-2079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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1995 CORPORATION ANNUAL REPORT

STATE OF FLORIDA

FOR ASSOCIATED MATERIALS INCORPORATED

12. Additional Officers and Directors

Title:	Assistant Secretary
Name:	Campbell, David A.
Street:	3773 State Road, Box 2010
City, State, Zip:	Akron, OH 44309

Title:	Director
Name:	Meitz, A. A.
Street:	3773 State Road, Box 2010
City, State, Zip:	Akron, OH 44309

Title:	Director
Name:	Leary, James F.
Street:	3773 State Road, Box 2010
City, State, Zip:	Akron, OH 44309

Title:	Director
Name:	Galland, Richard I.
Street:	3773 State Road, Box 2010
City, State, Zip:	Akron, OH 44309