

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

**APPROVED
AND
FILED**

95 APR 11 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P14793 (4)

1. Corporation Name

FLOUR CITY ARCHITECTURAL METALS, INC.

Principal Place of Business

**175 SEA CLIFF AVE.
GLEN COVE NY 11542**

Mailing Address

**175 SEA CLIFF AVE.
GLEN COVE NY 11542**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1987

3a. Date of Last Report

04/25/1994

4. FEI Number

25-1468221

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	RUSO, MICHAEL
STREET ADDRESS	175 SEA CLIFF AVE.
CITY - ST - ZIP	GLEN COVE NY 11542
TITLE	VPT
NAME	GLASSMAN, JULIUS
STREET ADDRESS	175 SEA CLIFF AVE.
CITY - ST - ZIP	GLEN COVE NY 11542
TITLE	VSD
NAME	HILDRETH, GARY R
STREET ADDRESS	ONE OXFORD CENTRE
CITY - ST - ZIP	PITTSBURGH PA 15219-1415
TITLE	ASD
NAME	HERNANDEZ, CARLOS
STREET ADDRESS	ONE OXFORD CENTRE
CITY - ST - ZIP	PITTSBURGH PA 15219-1415
TITLE	D
NAME	HIGBEE, DAVID
STREET ADDRESS	ONE OXFORD CENTRE
CITY - ST - ZIP	PITTSBURGH PA 15219-1415
TITLE	AS
NAME	SNEE, TIMOTHY
STREET ADDRESS	175 SEA CLIFF AVE.
CITY - ST - ZIP	GLEN COVE NY 11542

1.1 TITLE	Assistant Treasurer	☐ Change ☒ Addition
1.2 NAME	Paul L. Smith	
1.3 STREET ADDRESS	One Oxford Centre, 301 Grant Street	
1.4 CITY - ST - ZIP	Pittsburgh PA 15219-1415	
2.1 TITLE	Chairman of the Board	☐ Change ☒ Addition
2.2 NAME	Oscar Drucker	
2.3 STREET ADDRESS	175 Sea Cliff Avenue	
2.4 CITY - ST - ZIP	Glen Cove NY 11542	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul L. Smith

Paul L. Smith, Assistant Treasurer

4/7/95

Date

412-255-9895

Telephone #