

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 # 838665 (8)

1. Corporation Name

TAYLOR BUILDING PRODUCTS COMPANY



Principal Place of Business

Mailing Address

631 NORTH FIRST ST  
21001 VAN BORN RD  
WEST BRANCH MI 48661  
US

C/O MASCOTECH, INC  
21001 VAN BORN RD  
TAYLOR MI 48180  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 631 North First St.		26		06/28/1977		04/17/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		38-1236748		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
48661		US		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	
NAME	DORAN, DAVID A.	1.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	WADHAMS, TIMOTHY	2.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	GARDNER, LEE M	3.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	SILVERMAN, BARRY J.	4.2 NAME	
STREET ADDRESS	21001 VAN BORN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	4.4 CITY - ST - ZIP	
TITLE	EVP	5.1 TITLE	
NAME	BURGESS, DON	5.2 NAME	
STREET ADDRESS	631 N. FIRST STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST BRANCH MI	5.4 CITY - ST - ZIP	
TITLE	P	6.1 TITLE	
NAME	HUNT, RAYMON	6.2 NAME	
STREET ADDRESS	631 N FIRST STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEST BRANCH MI	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 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:

David A. Doran

Assistant Secretary

4/12/96

(313) 274-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)