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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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PO BOX 2010  
AKRON OH 44309

3. Date Incorporated or Qualified

02/23/1984

3a. Date of Last Report

05/01/1995

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 PD  
NAME WINSPEAR, WILLIAM W.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD.  
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE SVT  
NAME WINSPEAR, ROBERT L.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD.  
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE AS  
NAME VAUGHAN, PATRICIA M.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD.  
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE VPD  
NAME KAUFMAN, DONALD L.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD  
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE VP  
NAME BUSSMAN, JAMES R.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD  
CITY-ST-ZIP AKRON OH ☐ DELETE

TITLE V  
NAME ST. CLAIR, MICHAEL R.  
STREET ADDRESS 3773 AKRON-CLEVELAND RD.  
CITY-ST-ZIP AKRON OH ☐ DELETE

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. R. St. Clair, Vice President

4/22/96

(330) 922-2079

Date

Daytime Phone #

CR2E034 (12/95)