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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 11542-4189

3. Date Incorporated or Qualified
06/10/1987

3a. Date of Last Report
04/12/1996

2. Principal Place of Business
21 915 Riverview Drive

2a. Mailing Address
26 915 Riverview Drive

4. FEI Number
25-1468221

Applied For
Not Applicable

22 SUITE 1

27 SUITE 1

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Johnson City, TN

28 Johnson City, TN

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 37601

25 USA

29 37601

30 USA

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

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 AT ☒ DELETE
NAME SMITH, PAUL L.
STREET ADDRESS ONE OXFORD CENTRE, 301 GRANT STREET
CITY-ST-ZIP PITTSBURGH PA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME RUSSO, MICHAEL J
STREET ADDRESS 301 GRANT ST ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA 15

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Michael J. Russo
2.3 STREET ADDRESS 915 Riverview Drive
2.4 CITY-ST-ZIP Johnson City, TN 37601

TITLE VASD ☒ DELETE
NAME HILDRETH, GARY R
STREET ADDRESS ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA 15

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME John W.Y. Tang
3.3 STREET ADDRESS 610 Nathan Road, Suite 1301
3.4 CITY-ST-ZIP Mongkok, Kowloon, Hong Kong

TITLE SD ☒ DELETE
NAME HERNANDEZ, CARLOS
STREET ADDRESS ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Bryan R. Willis
4.3 STREET ADDRESS 915 Riverview Drive
4.4 CITY-ST-ZIP Johnson City, TN 37601

TITLE VPD ☒ DELETE
NAME COREY, JOHN B
STREET ADDRESS 301 GRANT ST ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA 15

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS ☒ DELETE
NAME SNEE, TIMOTHY
STREET ADDRESS 175 SEA CLIFF AVE.
CITY-ST-ZIP GLEN COVE NY 11542

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bryan R. Willis

4/25/97 (423) 928-2724

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CR2E034 (9/96)