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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01011 (6)

1. Corporation Name
ASSOCIATED MATERIALS INCORPORATED

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

Mailing Address
3773 AKRON-CLEVELAND ROAD
PO BOX 2010
AKRON OH 44309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1984

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	1.1 TITLE	
NAME	WINSPEAR, WILLIAM W.	1.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	1.4 CITY-ST-ZIP	
TITLE	SVT	2.1 TITLE	
NAME	WINSPEAR, ROBERT L.	2.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	AS
NAME	VAUGHAN, PATRICIA M.	3.2 NAME	Campbell, David A.
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	3.3 STREET ADDRESS	3773 Akron-Cleveland Road
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	Akron, OH 44223
TITLE	VPD	4.1 TITLE	
NAME	KAUFMAN, DONALD L.	4.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	BUSSMAN, JAMES R.	5.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	ST. CLAIR, MICHAEL R.	6.2 NAME	
STREET ADDRESS	3773 AKRON-CLEVELAND RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	6.4 CITY-ST-ZIP	

14. I 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: M. R. St. Clair M. R. St. Clair, Vice President 3/24/98

CR2E034 (10/97)