

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90384 030 \*\*\*550.00

**DOCUMENT # P01011**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**75-1872487**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
 NAME **WINSPEAR, WILLIAM W.**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD.**  
 CITY-ST-ZIP **AKRON OH**

TITLE **President, CEO, Director** ☐ Change ☒ Addition  
 NAME **Michael Caporale, Jr.**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

TITLE **SVT** ☒ Delete  
 NAME **WINSPEAR, ROBERT L.**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD.**  
 CITY-ST-ZIP **AKRON OH**

TITLE **VP, CFO, Secretary** ☒ Change ☒ Addition  
 NAME **Donald K. LaVanway**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

TITLE **AS** ☒ Delete  
 NAME **CAMPBELL, DAVID A**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD**  
 CITY-ST-ZIP **AKRON OH 44223**

TITLE **Vice President** ☒ Change ☒ Addition  
 NAME **Cyndi Sobe**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

TITLE **VPD** ☒ Delete  
 NAME **KAUFMAN, DONALD L.**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD**  
 CITY-ST-ZIP **AKRON OH**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Ira Kleinman**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

TITLE **VP** ☒ Delete  
 NAME **BUSSMAN, JAMES R.**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD**  
 CITY-ST-ZIP **AKRON OH**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Jonathan Angrist**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

TITLE **V** ☒ Delete  
 NAME **ST. CLAIR, MICHAEL R.**  
 STREET ADDRESS **3773 AKRON-CLEVELAND RD.**  
 CITY-ST-ZIP **AKRON OH**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Thomas Arenz**  
 STREET ADDRESS **3773 State Road**  
 CITY-ST-ZIP **Cuyahoga Falls, OH 44223**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Cyndi Sobe* **Cyndi Sobe, Vice President** **6/3/02** **(330) 922-2079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

ASSOCIATED MATERIALS INCORPORATED

FEIN 75-1872487

OFFICERS AND DIRECTORS

OFFICERS

President, CEO  
Vice President, CFO,  
Secretary  
Vice President

Michael Caporale

Donald K. LaVanway  
Cyndi Sobe

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{  
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{  
{  
3773 State Road  
P O Box 2010  
Akron, OH 44309

DIRECTORS

Ira Kleinman  
Jonathan Angrist  
Michael Caporale, Jr.  
Thomas Arenz

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{  
3773 State Road  
P O Box 2010  
Akron, OH 44309

05/02