


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01011 1. Entity Name ASSOCIATED MATERIALS INCORPORATED	
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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
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04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1872487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOALE, MICHAEL JR. 3773 STATE RD. CUYAHOGA FALLS, OH 44223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LAVANWAY, DONALD K 3773 STATE RD. CUYAHOGA FALLS, OH 44223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOBE, CYNDI 3773 STATE RD. CUYAHOGA FALLS, OH 44223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINMAN, IRA 3773 STATE RD. CUYAHOGA FALLS, OH 44223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOY, JEFFERY F 33 LEDGEWOOD DRIVE COHASSET, MA 02025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENZ, THOMAS 3773 STATE RD. CUYAHOGA FALLS, OH 44223

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04/26/05-80018-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cyndi Sobe Cyndi Sobe, Vice President 4/18/2005 330/922-22
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #