


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 030 ***150.00

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
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2. Principal Place of Business 3773 State Road	3. Mailing Address P. O. Box 2010
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cuyahoga Falls, OH	City & State Akron, OH
Zip 44223	Country USA
Zip 44309-2010	Country USA

60031045



04202006 Chg-P CR2E034 (11/05)

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		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent
		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAPORALE, MICHAEL JR. 3773 STATE RD. CUYAHOGA FALLS, OH 44223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LAVANWAY, DONALD K 3773 STATE RD. CUYAHOGA FALLS, OH 44223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOBE, CYNDI 3773 STATE RD. CUYAHOGA FALLS, OH 44223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEINMAN, IRA 3773 STATE RD. CUYAHOGA FALLS, OH 44223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOY, JEFFERY F 33 LEDGEWOOD DRIVE COHASSET, MA 02025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Hayes, Kevin M 3773 State Road Cuyahoga Falls, OH 44223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARENZ, THOMAS 3773 STATE RD. CUYAHOGA FALLS, OH 44223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Vollmershausen, Dennis W. 3773 State Road Cuyahoga Falls, OH 44223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Shawn Grandon **Shawn Grandon, Vice President** **4/21/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #