

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01011

FILED
Apr 23, 2003
Secretary of State

Entity Name: ASSOCIATED MATERIALS INCORPORATED

Current Principal Place of Business:

3773 AKRON-CLEVELAND ROAD
PO BOX 2010
AKRON, OH 44309

New Principal Place of Business:

Current Mailing Address:

3773 AKRON-CLEVELAND ROAD
PO BOX 2010
AKRON, OH 44309

New Mailing Address:

FEI Number: 75-1872487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPORALE, MICHAEL JR.
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: VPS () Delete
Name: LAVANWAY, DONALD K
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: VP () Delete
Name: SOBE, CYNDI
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: D () Delete
Name: KLEINMAN, IRA
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: D () Delete
Name: ANGRIST, JONATHAN
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: D () Delete
Name: ARENZ, THOMAS
Address: 3773 STATE RD.
City-St-Zip: CUYAHOGA FALLS, OH 44223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNDI SOBE

VP

04/23/2003

Electronic Signature of Signing Officer or Director

Date