2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 689975

1. Entity Name
AWI/CDT INC.

Principal Place of Business	Mailing Address
6788 N.W. 17TH AVE. FT LAUDERDALE, FL 33309	6788 N.W. 17TH AVE. FT LAUDERDALE, FL 33309

02262004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2049293

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	KUZNIK, FRED C
STREET ADDRESS	15220 FOSTER PLAZA 7, 661 ANDERSEN DR
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	PD
NAME	GRAEBER, GEORGE
STREET ADDRESS	10 MECHANICAL ST, SUITE 302
CITY-ST-ZIP	WORCESTER, MA 01608
TITLE	VS
NAME	FROMM, CHARLES B
STREET ADDRESS	FOSTER PLAZA Y ANDERSON DR
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	VS
NAME	LOGGIA, MICHAEL
STREET ADDRESS	203 PROGRESS DR
CITY-ST-ZIP	MORCHESTER, CT 06040
TITLE	VD
NAME	CANN, WILLIAM
STREET ADDRESS	FOSTER PLAZA 7, 661 ANDERSEN DR
CITY-ST-ZIP	PITTSBURGH, PA 15220
TITLE	V
NAME	CANNY, ROBERT
STREET ADDRESS	900 NORTHOP ROAD
CITY-ST-ZIP	WALLINGFORD, CT 06492

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03/11/04-80007-013 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Kelly JAMES KARNEY, CONTROLLER 2/26/04 847-459-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #