FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 803431

(6)

HUTTIG SASH & DOOR COMPANY

FILED								
Jan 17 1997 8:00am								
Secretary of State								

Principal Plac	ss	•		A MARION NOVAL DERBO MARIO BARDO NABA MARIO BARAN DIBIN D					
14500 SOUTH OUTER 40 ROAD. 4TH FL PO BOX 1041 CHESTERFIELD MO 63006		PO BOX 1041	14500 SOUTH OUTER 40 ROAD. 4TH FL PO BOX 1041 CHESTERFIELD MO 63006-1041						•
		O'RESTERN RELO	mo 000001071			3. Date Incorporated or Qualified 12/22/1928	L	of Last R 5/1996	eport
2. Principal P	lace of Business	2s. Mailing Ad	dress			4. FEI Number		Ar	oplied For
21		26				43-0334550			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		•	Additional equired
City & Stat	P	City & State	9			E Staction Compaign Financing		 	
23		├ ─┐	28			Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip	C	ountry		B. This corporation has liability for in			
24	25	29	30	-			Yes 🔲		. 100.002,
	9. Name and Address of Curr	ent Registered Agent	·····			10. Name and Address of New Reg	istered A	gent	
CT	CORPORATION SYSTEM			81	Name		•		
	S. PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptab			
	NTATION FL 33324				OHOU! Made	1035 (170). Dox 140/1/2011 (140/1/2000) (180/1/2000)			
				83					
Ì				84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
44.5				لــــلــ		poration submits this statement for the p	FL	Ļ	
agent La	im familiar with, and accept the oblined familiar with and accept the oblined familiar with a second familiar with	ligations of, Section 60	7.0505, Florida S	tatules		tion's board of directors. I hereby acceptions board of directors.	DATE		registered
12.		AND DIRECTORS	11:		<u> </u>	ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	3S IN 12
TITLE	P		DELETE 1	TITLE			Į.	Change	Addition
NAME	EDENS, JIM BEN		1:	NAME					
STREET ADDRESS	13043 PEMBROKE VALLEY (CT	1.3	STREET	ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO		1.0	CITY-S	T-ZIP				
TITLE	V	X	DELETE 2.	TITLE			l	Change	Addition
NAME	CASTANET, EMILE	,	2.3	NAME					
STREET ADORESS	17879 W. HAMPTON WOOD	IS DR.	2.3	STREET	ADDRESS				
CITY-ST-ZIP	CHESTERFIELD MO		2.	4 CITY-5	iT-ZIP				
TITLE	D		DELETE 3	TITLE				Change	Addition
NAME	EVANS, R.S.		a.:	NAME		·			
STREET ADDRESS	757 THIRD AVENUE		3.3	STREET	ADDRESS				
CITY- ST-ZIF	NEW YORK NY			CITY-S	iT-ZIP	·			
TIFLE	\$		DELETE 4.	TITLE				Change	Addition
NAME	Brewer, Sandra		4.	2 NAME					
STREET ADDRESS	2351 RICHBOROUGH RD.		4.3	STREET	ADDRESS				
CITY-ST-ZIP	CHESTERFIELD MO			4 CITY - S	T - ZIP				
TITLE				TITLE			. [Change	Addition
NAME				2 NAME		•			
STREET ADDRESS			5.3	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY - S	1 - 21P				
TITLE		Ц		TITLE			l	Change	Addition
NAME.			6.3	2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRESS				
CITY-S1-7/P				4 CITY-S					
14. i do here	by certify that the information supp	lied with this filing doe	s not qualify for t	he exe	mption state	d in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the

information indicated on this annual report or supplemental annual 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 12 or Block 13 it manged, or on an attachment with an address.

SIGNATURE: