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Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803431** **(6)**

1. Corporation Name
HUTTIG SASH & DOOR COMPANY

Principal Place of Business	Mailing Address
14500 SOUTH OUTER 40 ROAD. 4TH FL PO BOX 1041 CHESTERFIELD MO 63006	14500 SOUTH OUTER 40 ROAD. 4TH FL PO BOX 1041 CHESTERFIELD MO 63006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 12/22/1928	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 43-0334550	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	EDENS, JIM BEN		1.2 NAME	Barry Kulpa	
STREET ADDRESS	13043 PEMBROKE VALLEY CT		1.3 STREET ADDRESS	14500 S. Outer Forty	
CITY-ST-ZIP	ST. LOUIS MO		1.4 CITY-ST-ZIP	Chesterfield MO 63017	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, R.S.		2.2 NAME		
STREET ADDRESS	767 THIRD AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, SANDRA		3.2 NAME		
STREET ADDRESS	2351 RICHBOROUGH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Controller	☐ Change ☒ Addition
NAME			4.2 NAME	David Dean	
STREET ADDRESS			4.3 STREET ADDRESS	1578 Timberlake Manor PKwy	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Chesterfield MO 63017	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. 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 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 if changed, or on an attachment with an address

SIGNATURE: David Dean Controller 1-19-98 3148782222

CR2E034 (10/97)