2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803431

Entity Name: HUTTIG BUILDING PRODUCTS, INC.

FILED Apr 26, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
555 MARYVILLE UNIVERSITY DR PO BOX 1041 CHESTERFIELD, MO 63006				555 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141		
Current Mailing Address:				New Mailing Address:		
PO BOX 10	VILLE UNIVEF 041 FIELD, MO 63					
FEI Number: 43-0334550 FEI Number Applied For () FEI N			FEI Nun	umber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 S. PIN	DRATION SYS NE ISLAND RO DN, FL 33324	DAD				
The above in the State	named entity : of Florida.	submits this statement for the pu	irpose o	f changing it	s registered office or registered agent, or both,	
SIGNATURE:						
	Electror	ic Signature of Registered Ager	nt		Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LUPO, MICHAE	E UNIVERSITY DR		Title: Name: Address: City-St-Zip:	P (X) Change () Addition VRABELY, JON P 555 MARYVILLE UNIVERSITY DR ST. LOUIS, MO 63141	
Title: Name: Address: City-St-Zip:	D () EVANS, ROBEI 757 THIRD AVE NEW YORK, N	ENUE		Title: Name: Address: City-St-Zip:	D (X) Change () Addition EVANS, ROBERT S 100 STAMFORD PL STAMFORD, CT 06905	
Title: Name: Address: City-St-Zip:	MUCCIGROSS	E UNIVERSITY DR		Title: Name: Address: City-St-Zip:	AS (X) Change () Addition TOWNSLEY, SALLY H 555 MARYVILLE UNIVERSITY DR ST. LOUIS, MO 63141	
Title: Name: Address: City-St-Zip:	FLEISHER, DA	E UNIVERSITY DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BALTZ, RICK	Delete E UNIVERSITY DR 63141		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VRABELY, JON	E UNIVERSITY DR		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GURLEY, GREG VP 555 MARYVILLE UNIVERSITY DR ST LOUIS, MO 63141	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID L FLEISHER CFO 04/26/2007