

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 803431

FILED
Apr 23, 2009
Secretary of State

Entity Name: HUTTIG BUILDING PRODUCTS, INC.

Current Principal Place of Business:

555 MARYVILLE UNIVERSITY DR
SUITE 400
ST LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

555 MARYVILLE UNIVERSITY DR
PO BOX 1041
CHESTERFIELD, MO 63006

New Mailing Address:

FEI Number: 43-0334550 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: P () Delete
Name: VRABELY, JON P
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST. LOUIS, MO 63141

Title: D () Delete
Name: EVANS, ROBERT S
Address: 100 STAMFORD PL
City-St-Zip: STAMFORD, CT 06905

Title: AS () Delete
Name: TOWNSLEY, SALLY H
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST. LOUIS, MO 63141

Title: CFO () Delete
Name: FLEISHER, DAVID L
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST. LOUIS, MO 63141

Title: VP () Delete
Name: BALTZ, RICK
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST. LOUIS, MO 63141

Title: VP () Delete
Name: GURLEY, GREG VP
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST LOUIS, MO 63141

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: VP (X) Change () Addition
Name: ROBINSON, BRIAN
Address: 555 MARYVILLE UNIVERSITY DR
City-St-Zip: ST. LOUIS, MO 63141

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 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: MICHAEL GROOS

CONT

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date