

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90063 017 \*\*\*150.00

DOCUMENT # 821769

1. Entity Name

NORANDEX INC. EXTERIOR SYSTEMS, INC.  
(FORMERLY NORANDEX INC.)

N/C 12/18/00 (TM)

Principal Place of Business

Mailing Address

ONE OWENS CORNING  
TELEDO OH 43659

ONE OWENS CORNING  
TAX 3-G  
TELEDO OH 43659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 54-0790261

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS THAMAN, MICHAEL  
CITY-ST-ZIP ONE OWENS CORNING WAY  
TOLEDO OH 43659

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VPT  
STREET ADDRESS MILLER, MICHAEL  
CITY-ST-ZIP ONE OWENS CORNING WAY  
TOLEDO OH 43659

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS WILLIAM K. COOK  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS KRULL, STEPHEN K  
CITY-ST-ZIP ONE OWENS CORNING WAY  
TOLEDO OH 43659

TITLE ☒ Change ☐ Addition  
NAME JEFFREY S. WILKE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS DENT, WILLIAM F  
CITY-ST-ZIP ONE OWENS CORNING WAY  
TOLEDO OH 43659

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM P. DENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM P. DENT 4/11/01

Date

(419) 248-8443  
Daytime Phone #

CR2E034 (10/00)