

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90040 027 ***150.00

DOCUMENT # 821769

1. Entity Name
EXTERIOR SYSTEMS, INC.



Principal Place of Business
**ONE OWENS CORNING PARKWAY
TOLEDO, OH 43659**

Mailing Address
**ONE OWENS CORNING PARKWAY
TAX 3-G
TOLEDO, OH 43659**

40102890



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007

Chg-P

CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **T** ☒ Delete
NAME **KRAKOWISK, ROBERT R**
STREET ADDRESS **ONE OWENS CORNING PKWY**
CITY-ST-ZIP **TOLEDO, OH 43659**

TITLE **TREASURER / DIRECTOR** ☐ Change ☒ Addition
NAME **THAN, RALPH**
STREET ADDRESS **ONE OWENS CORNING PKWY**
CITY-ST-ZIP **TOLEDO, OH 43659**

TITLE **S** ☐ Delete
NAME **WILKE, JEFFREY S**
STREET ADDRESS **ONE OWENS CORNING WAY**
CITY-ST-ZIP **TOLEDO, OH 43659**

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

TITLE **P** ☐ Delete
NAME **CHAMBERS, BRIAN**
STREET ADDRESS **ONE OWENS CORNING PKWY**
CITY-ST-ZIP **TOLEDO, OH 43659**

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

TITLE **VD** ☒ Delete
NAME **THAN, RALPH A**
STREET ADDRESS **ONE OWENS CORNING WAY**
CITY-ST-ZIP **TOLEDO, OH 43659**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **KUJAWSKI, JIM**
STREET ADDRESS **ONE OWENS CORNING PKWY**
CITY-ST-ZIP **TOLEDO, OH 43659**

TITLE **V** ☐ Delete
NAME **MIKELONIS, JOSEPH J**
STREET ADDRESS **ONE OWENS CORNING PKWY**
CITY-ST-ZIP **TOLEDO, OH 43659**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Joseph J. Mikelonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Mikelonis

04/30/07

Date

(419) 248-6996

Daytime Phone #