

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838665 (8)

1. Corporation Name
TAYLOR BUILDING PRODUCTS COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O MASCOTECH, INC 21001 VAN BORN RD TAYLOR MI 48180 US		C/O MASCOTECH, INC 21001 VAN BORN RD TAYLOR MI 48180 US		06/28/1977	04/29/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 631 North First St.	26	38-1236748	Not Applicable		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
48661	U.S.A.				

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	85	Zip Code
				FL			

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, DAVID A.	2. NAME	
STREET ADDRESS	21001 VAN BORN ROAD	3. STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	4. CITY - ST - ZIP	
TITLE	VTD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADHAMS, TIMOTHY	22. NAME	
STREET ADDRESS	21001 VAN BORN ROAD	23. STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	24. CITY - ST - ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, LEE M	32. NAME	
STREET ADDRESS	21001 VAN BORN ROAD	33. STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	34. CITY - ST - ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, BARRY J.	42. NAME	
STREET ADDRESS	21001 VAN BORN ROAD	43. STREET ADDRESS	
CITY - ST - ZIP	TAYLOR MI	44. CITY - ST - ZIP	
TITLE	P	51. TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, DON	52. NAME	
STREET ADDRESS	631 N. FIRST STREET	53. STREET ADDRESS	
CITY - ST - ZIP	WEST BRANCH MI	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	P Raymon Hunt
STREET ADDRESS		63. STREET ADDRESS	631 N. First Street
CITY - ST - ZIP		64. CITY - ST - ZIP	West Branch, MI 48661

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 A. Doran Assistant Secretary 4/5/95 (313) 274-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System/Phone #)