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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 838665 (8)**

1. Corporation Name  
**TAYLOR BUILDING PRODUCTS COMPANY**

Principal Place of Business Mailing Address

**C/O MASCOTECH, INC  
21001 VAN BORN RD  
TAYLOR MI 48180  
US**

**C/O MASCOTECH, INC  
21001 VAN BORN RD  
TAYLOR MI 48180  
US**

2. Principal Place of Business 2a. Mailing Address

21 **631 North First St.** 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **West Branch, MI** 28

24 **48661** 25 **U.S.A.** 29 **MI** 30 **US**

3. Date Incorporated or Qualified **06/28/1977** 3a. Date of Last Report **04/29/1994**

4. FEI Number **38-1236748** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

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 Name)

**David A. Doran**