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1. Entity Name

PERMASTEELISA CLADDING TECHNOLOGIES, LTD. CORP.

Principal Pla	ce of Business
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Mailing Address

00 PHOENIX / ENFIELD CT 06		100 PHOENIX AVENUE ENFIELD CT 06082				•			
					1 148 1188 1111 88(1) 88*11 WHILL PRINCE		11 <b>888</b> 118 <b>8</b> 16		
2 Principal (	Place of Business	A Marilian Address		·					
		3. Mailing Address					.	BIBB HIII IBBS	
	Y HILL ROAD	123 DAY HIL	L ROAD						
Suite, Apt	, #, etc.	Suite, Apt. #, etc. P.O. BOX# 7	67		DO NOT WRITE	E IN THIS SI	<sup>3</sup> ACE		
City & Sta		City & State		4.	FEI Number 06-1522460		TA	pplied For	
WINDSO	R, CT	WINDSOR, C	T		00 1022100		N	lot Applicable	
Zip	Country	Zip	Country				8.75 Ad	Iditional	
06095	USA	06095-0767	USA_	5. Certificate of Status Desired Fee Required					
	= : 6. Name and Address of Current			7.	Name and Address of New Re	gistered A	gent	<del>-</del>	
			Nam	e					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
	NTATION FL 33324		<del> </del>			•			
			City	<del></del> -		FL	Zip Coc	de	
8. The above	named entity submits this statement for	the purpose of changing it	ts registered office	e or registered an	ent, or both, in the State of Flori	ida	·I		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	DTE: Registered Agent si	gnature required when re	einstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back}	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of \$			10. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR	RS IN 11	
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition	
NAME	DE GOBBI, ALBERTO		NAME				`	_	
STREET ADDRESS	100 THE LAURELS		STREET ADDRES	is (					
CITY-ST-ZIP	ENFIELD CT 06082		CITY-ST-ZIP					I	
TITLE	VTD	☐ Delete	TITLE	VICE PI	RESIDENT		X Change	☐ Addition	
NAME	BICCHIARELLI, ROBERTO	Delete	NAME	1102 11	REDIDENT	1	Orlango		
STREET ADDRESS	273 CONESTOGA STREET		STREET ADDRES	S 425 THE	E MEADOWS			ſ	
CITY-ST-ZIP	WINDSOR CT 06095		CITY-ST-ZIP	_				. }	
TITLE	S		*	ENE TELL	), CT 06082		Characa	Addition	
NAME	FREGONESE, ANDREA	☐ Delete	TITLE			L	Change	☐ Addition	
STREET ADDRESS	187 WEST BASS LANE		STREET ADDRES	e l				l	
CITY-ST-ZIP	SUFFIELD CT 06078		CITY-ST-ZIP						
	CD CD			<del></del>					
TITLE Name	COLOMBAN, MASSIMO	☐ Delete	TITLE			į	Change	☐ Addition	
STREET ADDRESS	VIA MANGESA 15/G		NAME Street addres						
CITY-ST-ZIP	31015 CONEGLIANO (TV) ITALY		CITY-ST-ZIP	, i					
	OTOTO CONECEDINO (14) TIALT			<del> </del>		<del>-</del> -			
TITLE		Delete	TITLE		'INANCIAL OFFICER	. & TIDE 4	CIIDED	X Addition	
name Street adoress (			NAME		DANIELE	IKEA	SURER	ļ	
CITY-ST-ZIP			STREET ADORES CITY-ST-ZIP	TAT MES	T GRAYLING LANE				
				SUFFIEL	D, CT 06078-				
TITLE		☐ Delete	TITLE			[	Change	☐ Addition	
NAME STREET ADDRESS			NAMÉ	.					
PHILE I VADUE 22			STREET ADDRES	0				}	

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 repover 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:

CLAUDIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR