

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000007038**

1. Entity Name  
HUNTER DOUGLAS WINDOW DECOR, INC.



Principal Place of Business  
2 PARK WAY  
UPPER SADDLE RIVER, NJ 07458

Mailing Address  
2 PARK WAY  
UPPER SADDLE RIVER, NJ 07458



03292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1058170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, MARVIN 2 PARK WAY UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEHRA, AJIT 2 PARK WAY UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHAN, GORDON 2 PARK WAY UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOTTUSO, RICHARD 2 PARK WAY UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OUTLAW, CHRIS ONE DUETTE WAY BROOMFIELD, CO 80020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000119124  
04/19/04-80086-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 204-760-4209  
Date Daytime Phone #