2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004539

Entity Name: ASSOCIATED BUILDING COMPANY

FILED Sep 09, 2003 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	THERSFIELD A RD, CT 06114			
Current Mailing Address:		New Mailing Address:		
	THERSFIELD / RD, CT 06114			
FEI Number	r: 06-1626794	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
1200 SOL	PORATION SY JTH PINE ISLA TION, FL 3332	ND ROAD		
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	te of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	te of Florida. IRE:	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both, Date
in the Stat SIGNATU	te of Florida. IRE: Electro			
in the Stat SIGNATU Election Ca	te of Florida. IRE: Electro	nic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. IRE: Electro Impaign Financir IS AND DIREC	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete DMAS M RSFIELD AVE	ent	Date
in the Stat SIGNATU Election Ca	te of Florida. IRE: Electro Impaign Financir IS AND DIRECT DPS (GIARDINI, THE 1010 WETHER HARTFORD, C	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete DMAS M RSFIELD AVE CT 061143129) Delete NNIE A RSFIELD AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. GIARDINI DPS 09/09/2003