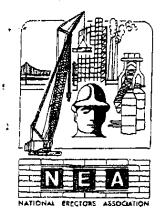
2002 UNIFORM BUSINESS REPORT (UBR) 07-16-2002 90364 003 ***158.75 F01000004607 **DOCUMENT#** F01000004607 02 JUL 26 PH 4-21 CONTOUR ERECTION & SIDING SYSTEMS, INC. SECRETARY OF SLATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7254 SOUTHWESTERN BLVD. 7254 SOUTHWESTERN BLVD. **EDEN NY 14057 EDEN NY 14057** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 16-1099590 Not Applicable , Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required _____6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EBERLE, CHRISTOPHER G Street Address (P.O. Box Number is Not Acceptable) 4014 N. OCEAN DRIVE HOLLYWOOD FL 33019 City Zip Code 8. The allowe 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 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 /58.75 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition EBERLE, CHRISTOPHER G NAME STREET ADDRESS 4014 N OCEAN DRIVE STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME PATTON, MARK G NAME STREET ADDRESS 7 FOX CHAPEL DRIVE STREET ADDRESS CITY-ST-ZIP ORCHARD PARK NY 14127 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete MIF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.



FOR 00004607/7254 Southwestern Blvd.

7254 Southwestern Blvd Eden, NY 14057 Phone 716.627.1140 Fax 716.627.1038



July 26, 2002

To: Florida Division of Corp. / Buck Kohr

From: Chris Eberle

Re: 2002 Uniform Business Report

Buck:

Per our conversation, I filed this report on line on 2/6/02 as you can see from the printout attached. Thank you for your help in taking care of this situation.



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