2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# F05000005194

Entity Name: POMA GLASS & SPECIALTY WINDOWS, INC.

Current Principal Place of Business:

365 MCCLURG STREET E
BOARDMAN, OH 44513

New Principal Place of Business:

Current Mailing Address:

C/O LAW DEPT., 2201 WATER RIDGE PARKWAY
SUITE 400
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 34-1586638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KITTERMAN, BRAD
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

Title: V ( ) Delete
Name: DOBIE, ROBERT E
Address: 2201 WATER RIDGE PARKWAY, SUITE 400
City-St-Zip: CHARLOTTE, NC 28217

Title: CFO ( ) Delete
Name: BARNES, PHIL
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

Title: SD ( ) Delete
Name: CORRENTI, CHRISTOPHER F
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change ( ) Addition
Name: VAN GORP, RYNE
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

Title: VSD (X) Change ( ) Addition
Name: CORRENTI, CHRISTOPHER F
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

Title: V ( ) Change (X) Addition
Name: MICHELI, S.
Address: 11175 CICERO DRIVE, SUITE 400
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT E. DOBIE V 04/08/2009

Electronic Signature of Signing Officer or Director — Date