SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001947 (1) FREUDENBERG BUILDING SYSTEMS, INC.

FILED Aug 01 1997 8:00am Secretary of State

| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
|--|---|-----------------------------|--------------------------|---------------------------------|---------------------------------------|---------------------------|---|--|-----------------------------|------------------------------|
| Principal Place of Business Mailing Address 94 GLENN STREET 94 GLENN STREET LAWRENCE MA 01843 LAWRENCE MA 01843 | | | | | | | | | E IN THIS SPACE | |
| | | | | | | | | Date Incorporated or Qualified 04/21/1993 | 3a. Date of Lat 02/27/19 | |
| 2. 21 | Principal F | Principal Place of Business | | | 2a. Mailing Address | | | 4. FEI Number 06-1186935 | | Applied For |
| 21 | Suite, Apt. #, etc. | | | Suite, A | Suite, Apt. #, etc. | | | | 5 \$8.7 | Not Applicable 5 Additional |
| 22 | | | | | 27 | | | 5. Cortificate of Status Desired | 7 | Pequired |
| 1 | City & Sta | <u> </u> | | | City & State | | | 6. Election Campaign Financing | | 00 May Be |
| 23 | Zip | Country | | 28 Zip | Zip Country | | | Trust Fund Contribution 8. This corporation owes or has particular to the second of t | | led to Fees |
| 24 | | 2 | 5 | 29 | | 30 | , | Personal Property Tax due June | | r intangible No |
| _ | 9. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Re | egistered Agent | |
| CT CORPORATION SYSTEM | | | | | | 81 | Name | | | |
| 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | TENTINION TE SOUZT | | | | | 83 | | | | |
| | | | | | | | | | | |
| | | | | | | 84 | , | | FL I | Zip Code |
| 11 | Pursuant office or | to the provisio | ns of Sections 607.0502 | and 607 1508, Lifetida, Such | Florida Statutes | s, the abov | re-named corp | poration submits this statement for the partion's board of directors. I hereby acce | purpose of changing | ig its registered |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | da registereo |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 12 | | | OFFICERS AND | DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | | ORS IN 12 |
| TITE | | CD CD | IOCHEN | | DELETE | 1.1 TITLE | | | ☐ Chan | ge Addition |
| | NAME SCHLITT, JOCHEN FREUDENBERG BAUSYSTEME, | | | POSTEACH | 8040 | 12 NAME | | | | |
| | REET ADDRESS | WEINHEIN | | , COII AOII | 0010 | | ADDRESS | | | |
| TITL | Y-ST-ZIP F | D | | ···· | DELETE | 1.4 CITY - : 2.1 TITLE | ST - 7IP | | Chang | ge Addition |
| NAN | | BERBNER | , HEINRICH | • | | 2.2 NAME | | | C Sugni | le Modition |
| | REET ADDRESS FREUDENBERG BAUSYSTEME, F | | | POSTFACH | 6940 | 1 | I ADDRESS | | | |
| CITY | Y-ST-ZIP | MEINHEIN | A GE | | | 2. 4 CITY- | | | | į |
| TITL | .F | D | 1/1 A1 1/A | | DELETE | 3.1 THILE | | | Chang | ge 🔲 Addition |
| NAN | ME . | HECKEL, | KLAUS BERG BAUSYSTEME | DOCTEACH | 0040 | 3.2 NAME | | | | |
| | EET ADDRESS | WEIHNEIN | | FUSIFACT | 0940 | | ADDRESS | | | i |
| TITE | Y - ST - ZIP | D | | | DELETE | 3.4. CHY- 4.1 TITLE | S1 - 719 | | ☐ Chang | no L'Addition |
| NAN | | SIEMS, V | OLKER | | DERVIE | 4.1 TITLE | | | ш опапр | ge L. Addition |
| | EET ADDRESS | | . Crest apts | | | | ADDRESS | | | |
| | Y-ST-ZIP | l _ ` | ndover ma | | | 4.4 CITY-S | ŧ | | | 1 |
| TITL | E | 3 | | | DELETE | 5.1 TITLE | | | ☐ Chang | ge Addition |
| NAM | | MCAULIFI 200 Park | E, E. TIMOTHY | | | 5.2 NAME | | | | |
| | EET ADDRESS | NEW YOR | | | | 1 | ADDRESS | | | |
| CITY | r-ST-ZIP | 11511 (01) | W1 141 | · · · · · · | DELETE | 5.4 City - 5 | 51- <i>2</i> (P | | 110 | 4 4 4 4 6 7 4 4 |
| NAM | | | | L | PLULIE | 6.1 TITLE 6.2 NAME | | | Chang | ge L Addition |
| | EET ADDRESS | | | | | 1 | ADDRESS | | | |
| | r-ST-ZIP | | | | | 6.4 CITY - 5 | | | | |
| | | by certify that t | he information supplied | with this filing d | oes not qualify | | | d in Section 119.07(3)(i), Florida Statute | s. I further certify th | nat the |

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or triptee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachmolity with an address.

508-689-0030