

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:15

DOCUMENT # **F94000006656 (2)**

1. Corporation Name

RUGBY BUILDING PRODUCTS, INC.

Principal Place of Business

**570 LAKE COOK RD., #400
DEERFIELD IL 60015**

Mailing Address

**570 LAKE COOK RD., #400
DEERFIELD IL 60015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/29/1994

4. FBI Number

36-3968075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Change of Tax Status
(Indicate Change)

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

Signature, typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PD
STRY, DAVID
570 LAKE COOK RD., #400
DEERFIELD IL 60015**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VSTD
AGOSTINELLI, RICHARD A
570 LAKE COOK RD., #400
DEERFIELD IL 60015**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**VDC
SHARP, R M
CROWN HOUSE
RUGBY WARWICKSHIRE CV21 2DT**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
THOMSON, ALAN M
CROWN HOUSE
RUGBY WARWICKSHIRE CV21 2DT**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**V
HILL, J L
CROWN HOUSE
RUGBY WARWICKSHIRE CV21 2DT**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that 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 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Richard A. Agostinelli **RICHARD A AGOSTINELLI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95
DATE

705 Y050850
FILING STAMP