

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

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 60015-4955

3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 12/13/1996
4. FEI Number 36-3968075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AGOSTINELLI, RICHARD A	
STREET ADDRESS	570 LAKE COOK RD., #400	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	AGOSTINELLI, RICHARD A	
STREET ADDRESS	570 LAKE COOK RD., #400	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	VDC	<input type="checkbox"/> DELETE
NAME	SHARP, R M	
STREET ADDRESS	CROWN HOUSE	
CITY-ST-ZIP	RUGBY WARWICKSHIRE CV21 2DT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMSON, ALAN M	
STREET ADDRESS	CROWN HOUSE	
CITY-ST-ZIP	RUGBY WARWICKSHIRE CV21 2DT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, J L	
STREET ADDRESS	CROWN HOUSE	
CITY-ST-ZIP	RUGBY WARWICKSHIRE CV21 2DT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEPHAN C. BROWN	
1.3 STREET ADDRESS	570 LAKE COOK ROAD	
1.4 CITY-ST-ZIP	DEERFIELD, IL 60015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A AGOSTINELLI

4/28/97 847-405-0850
Date Daytime Phone # 0011188

CR2E034 (9/96)