


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

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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90087 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006656

1. Corporation Name  
RUGBY BUILDING PRODUCTS, INC.

Principal Place of Business 2757 WESTSIDE PARKWAY #800 ALPHARETTA GA 30003 US	Mailing Address 2575 WESTSIDE PARKWAY STE 800 ALPHARETT GA 30004 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/29/1994

4. FEI Number 36-3968075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 21 2575 Westside Pky Suite, Apt. #, etc. 22 City & State 23 Zip 30004 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Alpharetta Zip 30004 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BROWN, STEPHEN C
STREET ADDRESS	2757 WESTSIDE PARKWAY, STE 800
CITY-ST-ZIP	ALPHARETTA GA 30004
TITLE	T
NAME	CLARKE, MICHAEL
STREET ADDRESS	2575 WESTSIDE PARKWAY, STE 800
CITY-ST-ZIP	ALPHARETTA GA 30004
TITLE	AS
NAME	JANUSZ, FRANK
STREET ADDRESS	2575 WESTSIDE PARKWAY, STE 800
CITY-ST-ZIP	ALPHARETTA GA 30004
TITLE	D
NAME	HILL, J L
STREET ADDRESS	CROWN HOUSE
CITY-ST-ZIP	RUGBY WARWICKSHIRE CV21 2DT
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

770 625-1720

Daytime Phone #

CR2E034 (1/98)