


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000003271</b>	
1. Entity Name <b>INDALEX AMERICA INC.</b>	

Principal Place of Business <b>3000 LAKESIDE DRIVE SUITE 309 SOUTH BONNOCKBURN, IL 60015 US</b>	Mailing Address <b>10931 LAUREATE DRIVE SAN ANTONIO, TX 78249</b>
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1168821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301-0000**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATTFIELD, ALISON 24 QUEENS RD WEYBRIDGE, SURREY ENGLAND, KT13 9UX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LECKIE, ROBERT B 10931 LAUREATE DRIVE SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SIMMONS, PAT M 2 CORPORATE DRIVE #210 TRUMBULL, CT 06611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALGER, MICHAEL E 3000 LAKESIDE DRIVE, STE 309 SOUTH BONNOCKBURN, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, MARK A 3000 LAKESIDE DRIVE, STE 309 SOUTH BONNOCKBURN, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KEENER, DEBRA W 10931 LAUREATE DRIVE SAN ANTONIO, TX 78249

U000000012845  
01/26/04-80027-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Robert B. Leckie** **Jan 7, 2004** **210-690-6422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #