

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005769 (3)

1. Corporation Name

V.A.W. EXTRUSIONS, INC.



Principal Place of Business

ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428

Mailing Address

ROUTE 209
P.O. BOX 667
ELLENVILLE NY 12428

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

4. FEI Number

14-1782202

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME HERMANS, JURGEN
STREET ADDRESS HANGWEG 14
CITY - ST - ZIP ST. AUGUSTIN, GERMANY

TITLE D ☐ DELETE

NAME AGTHE, KLAUS E
STREET ADDRESS 131 MARSHALL DR.
CITY - ST - ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ DELETE

NAME SCHIRNER, JOCHEN
STREET ADDRESS KIEFERNWEG 18
CITY - ST - ZIP KONIGSWINTER, GERMANY

TITLE D ☐ DELETE

NAME SCHROEDER, MANFRED F
STREET ADDRESS 25 AVISTA CIRCLE
CITY - ST - ZIP ST. AUGUSTINE FL 32084

TITLE D ☐ DELETE

NAME WOBBE, KARL-DIETER
STREET ADDRESS MAXIMILLIANSTRASSE 2
CITY - ST - ZIP BONN, GERMANY

TITLE P ☐ DELETE

NAME STYRING, ALBERT F
STREET ADDRESS 3597 RED CLOUD TRAIL
CITY - ST - ZIP ST. AUGUSTINE FL 32086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

NAME Noll, Gunter
STREET ADDRESS 3683 Crazy Horse Trail
CITY - ST - ZIP St. Augustine, FL 32086

2.1 TITLE V/S ☐ Change ☒ Addition

NAME Wilcox, James F.
STREET ADDRESS 14 Rumsey Street
CITY - ST - ZIP Port Jervis, NY 12771

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE P/D ☒ Change ☐ Addition

NAME Styring, Albert F.
STREET ADDRESS 3597 Red Cloud Trail
CITY - ST - ZIP St. Augustine, FL 32086

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Wilcox

3/6/96

914-647-7510

Date

Daytime Phone #

CR2E034 (12/95)