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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000872 (9)

1. Corporation Name
ARTHUR BUILDING SYSTEMS, INC.

Principal Place of Business
P.O. BOX 60
BRISTOL CT 06011

Mailing Address
P.O. BOX 60
BRISTOL CT 06011-0060

| | |
|--|-----------------------------------|
| 3. Date Incorporated or Qualified 02/21/1996 | 3a. Date of Last Report --- |
| 4. FEI Number 42-1368786 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 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 | 29 |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PAS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, JOSEPH D | 1.2 NAME | |
| STREET ADDRESS | 719 MIDDLE STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRISTOL CT | 1.4 CITY-ST-ZIP | |
| TITLE | VTAS <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | CFO, Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, JOHN O | 2.2 NAME | Peter A. Gaj |
| STREET ADDRESS | 719 MIDDLE STREET | 2.3 STREET ADDRESS | 719 Middle Street |
| CITY-ST-ZIP | BRISTOL CT | 2.4 CITY-ST-ZIP | Bristol, CT 06010 |
| TITLE | VS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIDENER, DAVID | 3.2 NAME | |
| STREET ADDRESS | 2535 TECH DRIVE STE 111 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BETTENDORF IA | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACULLO, PETER | 4.2 NAME | |
| STREET ADDRESS | ONE GATEWAY CENTER | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEWTON MA | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Ronald Cecchini |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 719 Middle Street |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Bristol, CT 06010 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Peter A. Gaj Chief Financial Officer 4/30/97 (800) 692-1234
DATE: _____ DAYTIME PHONE: _____