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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000872

1. Corporation Name

ARTHUR BUILDING SYSTEMS, INC.

Principal Place of Business

120 HALCYON DRIVE
BRISTOL CT 06011-0060

Mailing Address

P. O. BOX 60
BRISTOL CT 06011-0060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

42-1368786

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PAS | <input type="checkbox"/> DELETE |
| NAME | JONES, JOSEPH D | |
| STREET ADDRESS | 120 HALCYON DRIVE | |
| CITY-ST-ZIP | BRISTOL CT 06011-0060 | |
| TITLE | CFOA | <input type="checkbox"/> DELETE |
| NAME | GAJ, PETER A | |
| STREET ADDRESS | 120 HALCYOND RIVE | |
| CITY-ST-ZIP | BRISTOL CT 06011-0060 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | WIDENER, DAVID | |
| STREET ADDRESS | 2550 MIDDLE ROAD, SUITE 603 | |
| CITY-ST-ZIP | BETTENDORF IA 52722 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | JACULLO, PETER | |
| STREET ADDRESS | ONE GATEWAY CENTER | |
| CITY-ST-ZIP | NEWTON MA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CECCHINI, RONALD | |
| STREET ADDRESS | 120 HALCYON DRIVE | |
| CITY-ST-ZIP | BRISTOL CT 06011-0060 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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:

Peter A. Gaj

Peter A. Gaj, Chief Financial Officer

2/11/99

(860) 582-6552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0001666