## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000003644

Entity Name: SAPA EXTRUSIONS, INC.

FILED Feb 27, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

AIRPORT OFFICE PARK, BLDG. 2 9600 W. BRYN MAWR AVENUE

400 ROUSER RD. SUITE 250

MOON TOWNSHIP, PA 15108 US ROSEMONT, IL 60018 US

Current Mailing Address: New Mailing Address:

AIRPORT OFFICE PARK, BLDG. 2 9600 W. BRYN MAWR AVENUE 400 ROUSER RD. SUITE 250

MOON TOWNSHIP, PA 15108 US ROSEMONT, IL 60018 US

FEI Number: 58-2216096 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

Name: LAWLOR, PATRICK

Address: 9600 W. BRYN MAWR AVENUE, SUITE 250

City-St-Zip: ROSEMONT, IL 60018 US

Title: DCFO

Name: ROBERT, KAVANAUGH

Address: 9600 W. BRYN MAWR AVENUE, SUITE 250

City-St-Zip: ROSEMONT, IL 60018 US

Title: DVPS

Name: JACQUELYNE, BELCASTRO

Address: 9600 W. BRYN MAWR AVENUE, SUITE 250

City-St-Zip: ROSEMONT, IL 60018 US

Title: DVP

Name: RUBICKY, ROBERT

Address: 9600 W. BRYN MAWR AVENUE, SUITE 250

City-St-Zip: ROSEMONT, IL 60018 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYNE BELCASTRO DVPS 02/27/2012