

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91220 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000003780

1. Entity Name
GUARDIAN BUILDING PRODUCTS DISTRIBUTION,
INC.



Principal Place of Business
979 BATESVILLE ROAD
GREER, SC 29651

Mailing Address
979 BATESVILLE ROAD
GREER, SC 29651

11005598



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1968171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FAULKNER, DUANE
STREET ADDRESS 1 INDEPENDANCE POINT
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE ☒ Change ☐ Addition
NAME 979 Batesville Rd
STREET ADDRESS GREER, SC 29651
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ARMSTRONG, RONALD
STREET ADDRESS 1 INDEPENDANCE POINT
CITY-ST-ZIP GREENVILLE, SC 29615

TITLE ☒ Change ☐ Addition
NAME Assistant Treasurer
STREET ADDRESS William R. Armstrong
CITY-ST-ZIP 979 Batesville Rd
Greer, SC 29651

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Alan L. Schlang
CITY-ST-ZIP 2300 Hamm Rd
Autumn Hills, MI 48326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

William R. Armstrong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

(844) 281-3482

Daytime Phone #

CR2E034 (10/02)