

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004388

FILED
Apr 30, 2007
Secretary of State

Entity Name: GRAHAM ARCHITECTURAL PRODUCTS CORPORATION

Current Principal Place of Business:

1551 MT. ROSE AVENUE
YORK, PA 17403 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1104
YORK, PA 174051104 US

New Mailing Address:

FEI Number: 23-2012586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAHAM, STEVEN C
Address: 3811 WEST CHESTER PIKE - BLDG 2
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: D () Delete
Name: GRAHAM, DONALD C
Address: 1420 SIXTH AVE.
City-St-Zip: YORK, PA 17403

Title: D () Delete
Name: KERLIN, WILLIAM H JR
Address: 1420 SIXTH AVE.
City-St-Zip: YORK, PA 17403

Title: P () Delete
Name: THIRET, GEORGES A
Address: 1551 MT ROSE AVENUE
City-St-Zip: YORK, PA 17403

Title: VPS () Delete
Name: RUDY, PAUL L III
Address: 1420 SIXTH AVE.
City-St-Zip: YORK, PA 17403

Title: SVP () Delete
Name: KELLY, DENNIS R
Address: 1551 MT ROSE AVENUE
City-St-Zip: YORK, PA 17403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL L RUDY III

VPS

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date