

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000003618

1. Entity Name  
GENTEK BUILDING PRODUCTS, INC.



FILED

04 OCT 19 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
29325 CHAGRIN BLVD.  
CLEVELAND, OH 44122

Mailing Address  
29325 CHAGRIN BLVD.  
CLEVELAND, OH 44122

2. Principal Place of Business  
3773 State Road

3. Mailing Address  
PO Box 2010



08252004 Chg-P CR2E034 (10/03)

City & State  
Cuyahoga Falls, OH

City & State  
Akron, OH

4. FEI Number  
31-1533669

Applied For  
Not Applicable

Zip  
44223

Country  
USA

Zip  
44309

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

800041972268  
10/19/04--01014--014 \*\*\$550.00

## 10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, WILLIAM J	
STREET ADDRESS	29325 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND, OH 44122	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	WEST, JOHN A	
STREET ADDRESS	555 CALIFORNIA ST., STE 4850	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	WALDRON, KENNETH R	
STREET ADDRESS	29325 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND, OH 44122	
TITLE	EVPC	<input checked="" type="checkbox"/> Delete
NAME	GAMBLE, MARK A	
STREET ADDRESS	29325 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND, OH 44122	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	KING, DARVIN L	
STREET ADDRESS	29325 CHAGRIN BLVD.	
CITY-ST-ZIP	CLEVELAND, OH 44122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Caporale Jr.	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	
TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Keith LaVanway	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cyndi Sobe	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Caporale Jr.	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Keith LaVanway	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ira D. Kleinman	
STREET ADDRESS	3773 State Road	
CITY-ST-ZIP	Cuyahoga Falls, OH 44223	

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: Cyndi Sobe, VP

9/23/2004 330/922-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #