2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003618

Title:

Name:

Address:

City-St-Zip:

FILED Apr 16, 2008 Secretary of State

Entity Name: GENTEK BUILDING PRODUCTS, INC.								
Current Principal Place of Business:				N	New Principal Place of Business:			
3773 STAT CUYAHOG	E ROAD A FALLS, OH	44223						
Current Mailing Address:				New Mailing Address:				
P.O. BOX 2 AKRON, O								
FEI Number: 31-1533669 FEI Number Applied For () FE				FEI Numbe	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								jistered Agent:
1200 SO PI	DRATION SYS INE ISLAND RI DN, FL 33324							
The above in the State	named entity s of Florida.	ubmits th	his statement for the pu	rpose of c	hanging its	s registered	d office or r	registered agent, or both,
SIGNATUR								
	Electroni	ic Signat	ture of Registered Agen	t				Date
Election Carr	npaign Financing	Trust Fur	nd Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOD () CHIEFFE, THOM 3773 STATE RO CUYAHOGA FAL	AD	14223	Na Ad	ame: ddress:	CEO CHIEFFE, TI 3773 STATE CUYAHOGA	ROAD	•
Title: Name: Address: City-St-Zip:	VSD () LAVANWAY, D. 3773 STATE RC CUYAHOGA FAL	AD	14223	Na Ad	ame: ddress:	CFO SOBE, CYN 3773 STATE CUYAHOGA	ROAD	
Title: Name: Address: City-St-Zip:	V () SOBE, CYNDI 3773 STATE RO CUYAHOGA FAL		14223	Na Ad	ame: ddress:	VP GRANDON, 3773 STATE CUYAHOGA	ROAD	
Title: Name: Address: City-St-Zip:	D () KLEINMAN, IRA 3773 STATE RC CUYAHOGA FAL	AD	14223	Na Ad	ame: ddress:	DIR KLEINMAN, 3773 STATE CUYAHOGA	ROAD	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHAWN GRANDON VP 04/16/2008

(X) Delete

CUYAHOGA FALLS, OH 44223

GRANDON, SHAWN

3773 STATE RD

() Change () Addition