

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91315 045 \*\*\*150.00

0647780 AT

**DOCUMENT # F97000003618**

1. Entity Name

GENTEK BUILDING PRODUCTS, INC.



Principal Place of Business

29325 CHAGRIN BLVD.  
CLEVELAND OH 44122

Mailing Address

29325 CHAGRIN BLVD.  
CLEVELAND OH 44122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1533669

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
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 **C** ☐ Delete  
NAME **MACDONALD, WILLIAM J**  
STREET ADDRESS **29325 CHAGRIN BLVD.**  
CITY-ST-ZIP **CLEVELAND OH 44122**

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

TITLE **VC** ☐ Delete  
NAME **WEST, JOHN A**  
STREET ADDRESS **555 CALIFORNIA ST., STE 4850**  
CITY-ST-ZIP **SAN FRANCISCO CA 94104**

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

TITLE **PCEO** ☐ Delete  
NAME **WALDRON, KENNETH R**  
STREET ADDRESS **29325 CHAGRIN BLVD.**  
CITY-ST-ZIP **CLEVELAND OH 44122**

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

TITLE **EVPC** ☐ Delete  
NAME **GAMBLE, MARK A**  
STREET ADDRESS **29325 CHAGRIN BLVD.**  
CITY-ST-ZIP **CLEVELAND OH 44122**

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

TITLE **SVP** ☐ Delete  
NAME **KING, DARVIN L**  
STREET ADDRESS **29325 CHAGRIN BLVD.**  
CITY-ST-ZIP **CLEVELAND OH 44122**

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

TITLE **SVP** ☒ Delete  
NAME **TAYLOR, DANIEL R**  
STREET ADDRESS **29325 CHAGRIN BLVD.**  
CITY-ST-ZIP **CLEVELAND OH 44122**

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:

*Mark A. Gamble*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03 216-514-7500

CR2E034 (10/02)