## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F99000003869 1. Entity Name LADD EXTERIOR WALL SYSTEMS, INC. Principal Place of Business 3220 CORPORATE DR WILMINGTON, NC 28405 Mailing Address 3220 CORPORATE DR WILMINGTON, NC 28405

## FILED Jan 17, 2006 8:00 am Secretary of State

01-17-2006 90244 047 \*\*\*150.00



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-1657815

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 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 algorithms required when reinstating)   |  |      |  |                                | DATE  |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.   |  |      |  | \$5.00 May Be<br>Added to Fees |   |  |
| 10.   | OFFICERS AND DIREC   | TORS |  |                                | <del></del>   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCT<br>NELSON, LADD S<br>7422 SEA LILLY LANE<br>WILMINGTON, NC 28409         |      |  |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SVC<br>NELSON, JEAN R<br>7422 SEA LILLY LANE<br>WILMINGTON, NC 28409         |      |  | DO NOT WRITE<br>IN THIS SPACE  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>WISCO, ERIC A CPA<br>440 WEST MARKET STREET<br>GREENSBORO, NC 274102206 |      |  |                                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |      |  |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |  |                                |   |  |
| TITLE   |  |      |  |                                |   |  |
| NAME  |  |      |  |                                |   |  |
| STREET ADDRESS  |  |      |  |                                |   |  |
| CITY-ST-ZIP   |  |      |  |                                | - Floring Control of the Control of |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. |  |      |  |                                |   |  |

NAME OF SIGNING OFFICER OR DIRECTOR