

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90283 025 \*\*\*158.75

**DOCUMENT # L23850**

1. Entity Name

ARCH ALUMINUM & GLASS CO., INC.



Principal Place of Business

10200 N.W. 67TH ST  
TAMARAC, FL 33321 US

Mailing Address

P.O. BOX 25127  
TAMARAC, FL 33320 US

14011626



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0153643

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SILVERSTEIN, LEON J  
10200 N.W. 67TH STREET  
TAMARAC, FL 33321

**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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SILVERSTEIN, ROBERT  
STREET ADDRESS 10200 N.W. 67TH ST  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ST  
NAME SILVERSTEIN, LEON  
STREET ADDRESS 10200 N.W. 67TH ST  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VCFO  
NAME KUCHENRITHER, MARK  
STREET ADDRESS 10200 N.W. 67TH ST  
CITY-ST-ZIP TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

Date

954-724-1775

Daytime Phone #