## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M98000001540

Entity Name: ASHLEY ALUMINUM, LLC

Apr 03, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5120 WEST CLIFTON STREET TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 5120 WEST CLIFTON STREET TAMPA, FL 33634 FEI Number: 58-1960216 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS:** ADDITIONS/CHANGES: MGRM (X) Change ( ) Addition () Delete CLARK, DAVID A MALLMANN, JEANENE M Name: Name: 23751 AMBER AVE. Address: 5120 WEST CLIFTON STREET Address: City-St-Zip: WARREN, MI 48089 City-St-Zip: TAMPA, FL 33684 Title: MGRM () Delete Title: () Change () Addition POWELL, MARTIN L Name: Name: Address: ONE INDEPENDENCE POINT Address: City-St-Zip: GREENVILLE, SC 29615 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POTSIC, ALAN P Name: Name: 5120 WEST CLIFTON STREET Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: NEWMAN, LAUREL Name: 5120 WEST CLIFTON STREET Address: Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FAULKNER, DUANE H Name: Name: ONE INDEPENDENCE POINTE Address: Address: City-St-Zip: GREENVILLE, SC 29615 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MARSHALL, ROBERT ARMSTRONG, WILLIAM R Name: Name: Address: 1000 E. NORTH STREET Address: ONE INDEPENDENCE POINTE ALBION, MI 49224 GREENVILLE, SC 29615 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM R. ARMSTRONG MGR 04/03/2002