2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010505

FILED Jan 06, 2009 Secretary of State

Entity Name: FENESTRATION MANUFACTURERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1625 SUMMIT LAKE DRIVE STE 300 TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** 1625 SUMMIT LAKE DRIVE STE 300 TALLAHASSEE, FL 32317 FEI Number: 59-2972885 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: WILHELM, RICHARD H 1625 SUMMIT LAKE DRIVE STE 300 TALLAHASSEE, FL 32317 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **PRES** () Change (X) Addition COLE, FREDDIE Name: Name: Address: Address: 1227 VIA BELCANTO City-St-Zip: City-St-Zip: SAN ANTONIO, TX 78260 Title: Title: () Change (X) Addition () Delete Name: Name: KRAHN, JAMES Address: Address: 102 PINE COURT City-St-Zip: City-St-Zip: WARROAD, MN 56763 Title: () Delete Title: SEC () Change (X) Addition AMORUSO, ROBERT Name: Name: 2540 JEWETT LANE Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: TREA () Change (X) Addition Name: Name: PUCKETT, JIM 9001 AMBASSADOR ROW Address: Address: City-St-Zip: City-St-Zip: DALLAS, TX 75247 Title: () Delete Title: () Change (X) Addition CONNERY, JIM Name: Name: 11902 WANDSWORTH DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: () Change (X) Addition JOHNSON, STEVEN Name: Name: Address: Address: 100 FOURTH AVENUE N BAYPORT, MN 55003 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD WILHELM ED 01/06/2009