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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:14

DOCUMENT # N21013 (0)

1. Corporation Name

ARCHITECTURAL TRANSLUCENT SKYLIGHT & CURTAINWALL
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3421 "M" ST. NW
SUITE 341
WASHINGTON DC 20007

3421 "M" ST. NW
SUITE 341
WASHINGTON DC 20007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1987

3a. Date of Last Report

08/10/1994

4. FBI Number

59-2941430

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JABLONSKI, EDWIN F.
5728 MAJOR BLVD.
SUITE 200
ORLANDO FL 32819

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JABLONSKI, EDWIN F.
STREET ADDRESS 5728 MAJOR BLVD.
CITY-ST-ZIP ORLANDO FL

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Teonjes, Wayne
1.3 STREET ADDRESS 7120 Stewart Avenue
1.4 CITY-ST-ZIP Wausau, WI 54401 ☐ Change ☐ Addition

TITLE D
NAME MARSH, CHARLES
STREET ADDRESS 1091 ESSEX AVE
CITY-ST-ZIP RICHMOND CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME WOHLFAHRT, BARBARA
STREET ADDRESS 3012 HUBBILL AVE
CITY-ST-ZIP WAUSAU WI

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MASLUK, MELISSA
STREET ADDRESS 7310 TURFWAY RD, STE 300
CITY-ST-ZIP FLORENCE KY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P
NAME VOEGELE, WILLIAM
STREET ADDRESS 200 BRIDGE STREET
CITY-ST-ZIP PITTSBURG PA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD
NAME COSKERY, RAY
STREET ADDRESS 3003 S HICKORY ST
CITY-ST-ZIP CHATTANOOGA TN

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Wohlfahrt
Barbara Wohlfahrt, Treasurer

1/23/95

715-042-4616

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone