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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01011 (6)

1. Corporation Name

ASSOCIATED MATERIALS INCORPORATED

Principal Place of Business

3773 AKRON-CLEVELAND ROAD
PO BOX 2010
AKRON OH 44309

Mailing Address

3773 AKRON-CLEVELAND ROAD
PO BOX 2010
AKRON OH 44309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/23/1984

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

4. FEI Number
75-1872487

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO**
NAME **WINSPEAR, WILLIAM W.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD.**
CITY- ST- ZIP **AKRON OH**

TITLE **SVI**
NAME **WINSPEAR, ROBERT L.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD.**
CITY- ST- ZIP **AKRON OH**

TITLE **AS**
NAME **VAUGHAN, PATRICIA M.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD.**
CITY- ST- ZIP **AKRON OH**

TITLE **VPD**
NAME **KAUFMAN, DONALD L.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD**
CITY- ST- ZIP **AKRON OH**

TITLE **VP**
NAME **BUSSMAN, JAMES R.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD**
CITY- ST- ZIP **AKRON OH**

TITLE **V**
NAME **ST. CLAIR, MICHAEL R.**
STREET ADDRESS **3773 AKRON-CLEVELAND RD.**
CITY- ST- ZIP **AKRON OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. R. St. Clair, Vice President

M. R. St. Clair

4/26/95 (216) 922-2079

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pol011

1995 CORPORATION ANNUAL REPORT

STATE OF FLORIDA

FOR ASSOCIATED MATERIALS INCORPORATED

12. Additional Officers and Directors

Title: Assistant Secretary
Name: Campbell, David A.
Street: 3773 State Road, Box 2010
City, State, Zip: Akron, OH 44309

Title: Director
Name: Meitz, A. A.
Street: 3773 State Road, Box 2010
City, State, Zip: Akron, OH 44309

Title: Director
Name: Leary, James F.
Street: 3773 State Road, Box 2010
City, State, Zip: Akron, OH 44309

Title: Director
Name: Galland, Richard I.
Street: 3773 State Road, Box 2010
City, State, Zip: Akron, OH 44309