

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01011

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1872487

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WINSPEAR, WILLIAM W.
STREET ADDRESS 3773 AKRON-CLEVELAND RD.
CITY-ST-ZIP AKRON OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVT ☐ Delete
NAME WINSPEAR, ROBERT L.
STREET ADDRESS 3773 AKRON-CLEVELAND RD.
CITY-ST-ZIP AKRON OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME CAMPBELL, DAVID A
STREET ADDRESS 3773 AKRON-CLEVELAND RD
CITY-ST-ZIP AKRON OH 44223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other line empowered.

SIGNATURE:

David A. Campbell, Assistant Secretary

4/10/01 330/922-2079

Date Daytime Phone #

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90273 016 ***150.00

00037385



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)