

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000011265

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALUMINUM EXTRUSION SUPPLY, INC.

Current Principal Place of Business:

3196 HUNTER PLACE
APOPKA, FL 32703 US

New Principal Place of Business:

400 COVERIDGE CT
LONGWOOD, FL 32779 US

Current Mailing Address:

3196 HUNTER PLACE
APOPKA, FL 32703 US

New Mailing Address:

400 COVERIDGE CT
LONGWOOD, FL 32779 US

FEI Number: 20-8311697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, ROBERT JR
3196 HUNTER PLACE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

FINK, ROBERT JR
400 COVERIDGE CT
LONGWOOD, FL 32779 US

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: ROBERT FINK

04/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FINK, ROBERT JR
Address: 3196 HUNTER PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: VP () Delete
Name: EVENSEN, RANDAL C
Address: 3196 HUNTER PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: S (X) Delete
Name: LUDWIG, CHRISTINA A
Address: 3196 HUNTER PLACE
City-St-Zip: APOPKA, FL 32703 US

Title: T (X) Delete
Name: WOODARD, WILLIAM M
Address: 3196 HUNTER PLACE
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FINK, ROBERT JR
Address: 400 COVERIDGE CT
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP/T (X) Change () Addition
Name: WOODARD, WILLIAM M
Address: 400 COVERIDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM WOODARD

VP/T

04/30/2009

Electronic Signature of Signing Officer or Director

Date