FILED Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90382 021 ***150.00

UNIFORM BUSINESS REPORT (UBR)					04-24-2002 90382 021 ***150.00	
DOCU	JMENT # P09346					
Binnings Building Products, Inc.					637481	
	DO NOT WRITE	E IN THIS S	PAC) E	- : :	
2. Principal	Place of Business alser Road	3. Mailing Address			-	
Suite, Apt. #, etc.		860 Boardman Canfield Road Suite, Apt. #, etc.			DO NOT WRITE IN THI	IS SPACE
City & State		Suite 107 City & State			4. FEI Number Applied For	
Lexington, NC		Boardman, OH		13-3325772	Not Applicable	
Zip _ 27295	Country USA	Zip 44512	Cour	itry ISA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				Name	7. Name and Address of Current Register	
	DO NOT W IN THIS SI	Haddel Gall in Albert III Antonest in Delici		The Prent Street Address 1201 Hays Suite 105		ystem, Inc.
				City		Zip Code
8. The abov	e named entity submits this statement f	or the purpose of changing its	s register	Tallahass	ee red agent, or both, in the State of Florida.	32301
Tax filing (See crite	ooration is eligible to satisfy its Intangibl requirement and elects to do so. eria on back)	After May L Amende Make Check Paya	1 Fee	5 \$61 25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND					<u> </u>
NAME	President, CEO, Di Joseph Dominijanni	rector	TITLE			
STREET ADDRESS	6500 Brooktree Road	1	100	ET ADDRESS		
CITY-ST-ZIP	Wexford, PA 15090			ST-ZIP		
title Name	Secretary		TITLE			
STREET ADDRESS	Jonathan Schoenike		CTDE	CT ADDOCCC		
CITY-ST-ZIP	860 Boardman Canfie Boardman, OH 44512	eld RD, Suite 1	O ary	ST-ZIP		
TITLE NAME	Assistant Secretary		TITLE			Harris Harris
STREET ADDRESS	David J. Wolfe		to other	T ADDRESS		
CITY-ST-ZIP	860 Boardman Canfie	ld RD, Suite 1	O CITY	ST-ZIP	DO NOT WR	ITE
TITLE NAME	Boardman, OH 44512	•	TITLE		IN THIS SPA	CE
STREET ADDRESS			NAME STREE	T ADDRESS		
CITY-ST-ZIP			СПҮ-	ST-ZfP		
ITTLE NAME			me			
STREET ADDRESS			NAME STREE	T ADDRESS		
CITY-ST-ZIP			100	ST-ZIP		
ITLE			HITE			
iame Treet address			NAME	T ADDRESS		·**
iTY-ST-ZIP			CITY-	A STATE OF THE STA		
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp nt with an address, with all other like em	nwored to execute this report	t as requ	red by Chapter 60	tion 119.07(3)(i), Florida Statutes. I further ce ame legal effect as if made under oath; that I 7, Florida Statutes; and that my name appear	rtify that the information am an officer or director rs in Block 11 or on an
SIGNAT		of	Ass Sec	istant retary	.4	330-965-9910
<u> </u>	SIGNATURE AND TYPED OR P	RUITED NAME OF SIGNING OFFICER O	R DIRECTO	R		Daytime Phone #

FOR PROFIT CORPORATION