FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09964 (8)

1. Corporation Name
STANLEY DOOR SYSTEMS, INC.

Principal Place of Business	Mailing Address
1225 E. MAPLE ROAD ~~P.O. BOX 7000~~ TROY MI 48084 US	1000 STANLEY DRIVE ~~P.O. BOX 7000~~ NEW BRITAIN CT ~~06050~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): 06053 Country (30): USA

4. FEI Number: 38-1962339 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ANDERSON, STEPHEN P	1.2 NAME	RICHARD A. DANDURAND	
STREET ADDRESS	48 CROSS CREEK BLVD	1.3 STREET ADDRESS	1225 E. MAPLE RD.	
CITY-ST-ZIP	ROCHESTER HILLS MI	1.4 CITY-ST-ZIP	TROY, MI 48084	
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	HUNTER, R. A.	2.2 NAME		
STREET ADDRESS	24 SMALLWOOD RD.	2.3 STREET ADDRESS	241 COLD SPRING RD.	
CITY-ST-ZIP	W HARTFORD CT	2.4 CITY-ST-ZIP	AVON, CT 06001	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	CALLAHAN, JOHN P.	3.2 NAME		
STREET ADDRESS	58 BRIDLEWOOD RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH WINDSOR CT	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	BEMBEN, B. J.	4.2 NAME		
STREET ADDRESS	147 VICTORIA RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HUGH, RICHARD	5.2 NAME	RICHARD HUCK	
STREET ADDRESS	10 BARKER LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	KINDINGTON CT	5.4 CITY-ST-ZIP	KENSINGTON, CT	
TITLE	S	6.1 TITLE		☒ Change ☐ Addition
NAME	THOMAS, WILLIAMS J	6.2 NAME		
STREET ADDRESS	15 LAUIEL CREST DRIVE	6.3 STREET ADDRESS	15 LAUREL CREST DRIVE	
CITY-ST-ZIP	BURLINGTON CT	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 119.07(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 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 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: John P. Callahan JOHN P. CALLAHAN V.P. TAXES 4/5/95 203-225-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084002 FP