

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09964**

(8)

1. Corporation Name

**STANLEY DOOR SYSTEMS, INC.**

Principal Place of Business

**1225 E. MAPLE ROAD  
P.O. BOX 7000  
TROY MI 48064  
US**

Mailing Address

**1000 STANLEY DRIVE  
P.O. BOX 7000  
NEW BRITAIN CT 06053-1675  
US**

3. Date Incorporated or Qualified

**05/01/1986**

3a. Date of Last Report

**04/22/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DANDURAND, RICHARD A.</b>	
STREET ADDRESS	<b>1225 E. MAPLE RD.</b>	
CITY-STATE-ZIP	<b>TROY MI</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNTER, R. A.</b>	
STREET ADDRESS	<b>241 COLD SPRING RD.</b>	
CITY-STATE-ZIP	<b>AVON CT</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALLAHAN, JOHN P.</b>	
STREET ADDRESS	<b>56 BRIDLEWOOD RD</b>	
CITY-STATE-ZIP	<b>SOUTH WINDSOR CT</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEMBEN, B. J.</b>	
STREET ADDRESS	<b>147 VICTORIA RD.</b>	
CITY-STATE-ZIP	<b>NEW BRITAIN CT</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUCK, RICHARD</b>	
STREET ADDRESS	<b>10 BARKER LANE</b>	
CITY-STATE-ZIP	<b>KENSINGTON CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, WILLIAMS J</b>	
STREET ADDRESS	<b>15 LAUREL CREST DRIVE</b>	
CITY-STATE-ZIP	<b>BURLINGTON CT</b>	

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CRAIG A. DOUGLAS</b>	
1.3 STREET ADDRESS	<b>11 SUMMER BROOK LA.</b>	
1.4 CITY-STATE-ZIP	<b>CROMWELL, CT 06476</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MICHAEL A. BARTONE</b>	
3.3 STREET ADDRESS	<b>6 PROMONTORY DR.</b>	
3.4 CITY-STATE-ZIP	<b>CHESHIRE, CT 06410</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>STEPHEN S. WEDDLE</b>	
4.3 STREET ADDRESS	<b>66 KIPP STREET</b>	
4.4 CITY-STATE-ZIP	<b>CHAPPAQUA, NY 10514</b>	
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>JENNIFER O. ESTABROOK</b>	
5.3 STREET ADDRESS	<b>145 SOUTH STREET</b>	
5.4 CITY-STATE-ZIP	<b>LITCHFIELD, CT 06759</b>	
6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>LINDA P. THERIEN</b>	
6.3 STREET ADDRESS	<b>83 MAIN STREET, APT. 8D</b>	
6.4 CITY-STATE-ZIP	<b>NEWINGTON, CT 06111</b>	

14. I do 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 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, or on an attachment with an address.

SIGNATURE:

**MICHAEL A. BARTONE VP, TAXES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/97**  
Date

**860-225-5111**  
Daytime Phone #

0001710

CR2E034 (9/96)