## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P13702

1. Corporation Name

(6)

FILED May 01 1996 8:00 am Secretary of State

PRIME	Source Building Pro	DUCTS, INC.				
Principal Place of Business 1881 LANGLEY AVE. IRVINE CA 92714-5623			Mailing Arldress 1881 LANGLEY AVE. IRVINE CA 92714-5623			
					3. Date Incorporated or Qualified 03/20/1987	3a. Date of Last Report 08/03/1995
2. Principal Place of Business 21		28. Mailing Address 26		4. FEI Number Applied For 33-0220038 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Orty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country [25]	Ζφ. <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent
C T CC	DRPORATION SYSTEM		Ĺ	1 Name	ress (P.O. Box Number is Not Acceptab	
1200 S	OUTH PINE ISLAND ROAD			2 Street Add	ress (P.O. Box Number is Not Acceptable	•!)
PLANIA	ATION FL 33324			4 City		<b>85</b> Zip Code
				City		FL   S   P COOK
SIGNIATURE	Signature byceotox printesticano icinci perosi tanp			peril Sept Africa (edica)	rd of directors. Thereby accept the appointment of	DATE
1HLF	PD	☐ DELETE	1.1 ∏.	E		Change 🔲 Addition
NAME	HYLBERT, PAUL W. JR.		1.2 NAV	ii		
STREET ADDRESS	1881 LANGLEY AVE.		13 \$ IR	ET ADDRESS		
CITY-ST-ZIP	IRVINE CA			-ST ZiP		
Title	S NAMEON AL	☐ DELETE	2 1111			Change Addition
NAME	HANSON, AL 1881 LANGLEY AVE.		2.5 NAM	1		
STREET ADDRESS	IDMANT CA			EET ADDRESS ST-ZIP		
CITY - ST - ZIP TITLE			3 1 101		A. W. A. C.	Change Addition
NAME	WITHERS, WAYNE		3 2 NAM			<del></del>
STREET ADDRESS	1881 LANGLEY AVE		B	EFT ADDHESS		
C+TY - ST - Z+P	IRVINE CA		3.4 Cit	S1 - Z4F		
TITLE		☐ DELETE	4 1 115			Change 🔲 Addition
NAME			4.2 No.	15		
STREET ACORESS			43513	EET AODRESS		
CITY+ST ZIP				-ST-7IF		
TITLE		DELETÉ	5 1 1 1			Change Addition
NAME			5 2 NAN			
STREET ADDRESS				FET ADDRESS		
CITY-ST-ZIP		F) BCLEZC		r - \$1 - ZIP		Change Addition
TITLE		DEFEIE	6 1 111			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP			6 4 CIT	r ST ZIF		07/09/14 Florida Ptot dog Literation

14. I do hereby certify that the information supplied with this firing 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 received or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

714-250-2020